SHROPSHIRE EDUCATION COMMITTEE

School Health Service

REPORT

OF THE

Principal School Medical Officer

1972

COUNTY HEALTH DEPARTMENT, SHIREHALL, SHREWSBURY

MAY, 1973

PRINTED by F. T. Bowen and Published by Dr. P. C. Moore at the Shirehall, Abbey Foregate, Shrewsbury.

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To The Chairman and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour and privilege to present to you the Annual Report of the Principal School Medical Officer for the year 1972.

The many and diverse services rendered to the school children in Shropshire and the educational services throughout the County continued unabated. It is difficult to pick just a few out for mention and I hope that members will have read carefully through the report to see how extensive the work is that is carried out on their behalf.

In April, 1974, it is anticipated that there will be considerable changes in the organisation of the health service. At the time of writing, the National Health Service Re-organisation Bill, which has already been through the House of Lords, has just completed its second reading in the House of Commons. All three branches of the present health service will be unified and Area Health Authorities set up; these will have boundaries co-terminous with the new non-metropolitan counties and the metropolitan districts.

In addition to the unification of the tripartite National Health Service, the National Health Service Re-organisation Bill proposes that the school health services provided by Local Education Authorities will become the responsibility of the Secretary of State for Social Service, who will arrange for them to be administered on his behalf by the new Health Authorities; this will include all the present functions of Local Education Authorities relating to the medical and dental inspection and treatment of pupils.

To ensure the continuance of the present level of service it is proposed that statutory joint consultative committees will be set up between the new County Council and the Area Health Authority in order that suitable arrangements can be made. It is to be hoped that the new system will not create fresh barriers to be overcome and that existing relationships which have been developed so successfully over the years will be maintained. Knowing how closely we have been able to work with our

colleagues in the Education Department, I have no doubts that their continued co-operation and willingness to help will make the new arrangements in 1974 a success.

I would like to thank all the members of my department and of the Education Department who work so consistently behind the scenes providing the necessary administrative support for us.

My sincere thanks also go to the Chairman and Members of the Education Committee for their unfailing support and interest throughout the year.

I have the honour to be
Your obedient Servant,

Philip C. Moore.

PRINCIPAL SCHOOL MEDICAL OFFICER.

County Health Department,
The Shirehall,
Abbey Foregate,
Shrewsbury.
(Telephone No. Shrewsbury 52211)
April, 1973.

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MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer:

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.Obst., R.C.O.G., D.P.H.

Deputy Principal School Medical Officer:

ERIC J. H. FOSTER, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officers:

WILLIAM G. RHYS-JONES, M.A. (Oxon)., B.M., B.Ch., D.P.H.
*ARTHUR H. WILDE, M.B., Ch.B., D.P.H.

School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (part-time)
AGNES D. BARKER, M.B., Ch.B., (part-time)
MICHAEL C. BATCHELDOR, M.B., B.S., L.M.S.S.A., D.P.H.
RONALD I. BENCE, M.B., Ch.B., (part-time)
SHIRLEY BREMNER, M.B., Ch.B., (Appointed whole time 21st February, 1972)
*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
ELIZABETH J. CARTER, M.B., B.S., (part-time)
JOHN D. CONDON, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.
SHEILA M. G. CROSLAND, M.B., B.S., D.P.H., (part-time)
ISABELLA L. H. HEWLETT, M.D., B.S., M.R.C.P., M.R.C.S., (part-time)
*JOHN C. HINCHLIFFE, M.B., Ch.B., D.P.H.
IONA LLYWARCH, M.R.C.S., L.R.C.P. (part-time)
*ALISTAIR C. MACKENZIE, M.D., Ch.B., D.P.H.
DELIA F. MORRIS, M.B., B.S. (Appointed 17th January, 1972. Resigned 29th December 1972)
MURIEL NANKIVELL, M.B., Ch.B., (part-time) (Resigned 20th December, 1972)
*ALICE N. O'BRIEN, M.B., Ch.B., D.P.H.
DANUTA M. H. OGILVIE, M.R.C.S., L.R.C.P., M.B., B.S. (part-time) (Apppointed 23rd October, 1972)
ANNE E. PARK, M.B., Ch.B., D.Obst., R.C.O.G. (part-time) (Resigned 30th June, 1972)
ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (part-time)
ANNE R. PRESTON, M.B., Ch.B.,
AUDREY ROSS, M.B., Ch.B., (part-time)
JOAN P. H. THOMPSON, M.R.C.S., L.R.C.P., (part-time)
*MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.
ELIZABETH A. WELTON, M.B., Ch.B., (part-time)

Principal Dental Officer:

CHARLES D. CLARKE, L.D.S.

Area Dental Officers:

DAVID A. PRICE, B.D.S., D.D.H., D.D.P.H., R.C.S. (Eng.)
DENNIS H. SMALL, B.D.S., D.P.D.

Senior Dental Officers:

DAVID A. BEALE, L.D.S., R.C.S., B.D.S. (Appointed 3rd July, 1972)
CHRISTOPHER J. CLARE, L.D.S., R.C.S. (Eng.), B.D.S. (Resigned 31st July, 1972)
NOEL GLEAVE, L.D.S., D.D.H., D.D.P.H., R.C.S. (Eng.), (Resigned 19th November, 1972)
ROBERT C. GROCOTT, B.D.S.
JANCIS M. SCARBOROUGH, B.D.S.
GEORGE B. WESTWATER, L.D.S.
ALAN YARDLEY, B.D.S,

Dental Officers:

Whole-time:
ADRIAN J. HUGHES, B.D.S. (Appointed 1st February, 1972)
FELIX ROTH, L.D.S., R.C.S. (Eng.) (Resigned 30th June, 1972)

** Also District Medical Officer of Health*

Dental Officers:

Part-time:
GILLIAN B. COLLINS, L.D.S., R.C.S., B.D.S. (part-time) (Appointed 13th November, 1972)
PETER F. HOWE, L.D.S., R.C.S., (Part-time) (Appointed 16th October, 1972)
CHARLTON LYTH HUDSON, L.D.S., R.C.S., (part-time) (Appointed 3rd May, 1972)
REGINALD H. N. OSMOND, L.D.S., R.C.S.
JEAN W. PATTISON, L.D.S., R.F.P.S.

Consultant Orthodontists (part-time):

BRIAN T. BROADBENT, F.D.S.

Anaesthetists (part-time):

MICHAEL ELDER, M.B., Ch.B.
JOHN P. GILES, M.R.C.S., L.R.C.P., D.A., D.Obst.R.C.O.G.
GORDON T. HAYSEY, M.B., Ch.B.
BRIAN V. LLYWARCH, M.B., Ch.B.
JAMES J. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S.
FREDA WHITNEY, M.B., Ch.B.

Dental Technicians:

MARK J. DAVIES
PETER N. NEWTON
NORMAN J. RUSHWORTH

Apprentice Dental Technician:

CAROL DAVIES

Dental Auxiliaries:

JUDITH C. BISHOP (part-time) (Resigned 29th March, 1972)
AUDREY E. BUCKLEY (Resigned 31st May, 1972)
SALLY BUTCHER
WENDY P. CAWLEY (Appointed 1st August, 1972)
BARBARA L. GADDAS (Appointed 1st September, 1972)
ELIZABETH A. OWEN
SUSAN M. WOODWARD
GILLIAN B. WOOLDRIDGE (part-time)

Dental Hygienists:

DOROTHY M. HATFIELD (part-time) (Resigned 31st August, 1972)
DIANE JENNINGS (part-time) (Appointed 7th September, 1972)
ELAINE F. WILLIAMS (part-time)

Consultant Children's Psychiatrist (part-time):

DAVID R. BENADY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

Senior Registrar:

DR. HELEN C. WILSON, M.B., B.S., D.P.M., M.R.C.Psych.

Clinical Assistant:

DR. ROBERT C. SMITH, M.B., Ch.B., D.Obst., R.C.O.G.

County Educational Psychologist:

DAVID R. JONES, B.Sc., (Hons.) Teacher's Diploma

Educational Psychologists:

TERENCE J. AKERMAN, B.Sc.(Econ.), Post Graduate Certificate in Education and Post Graduate Certificate in Educational Psychology (Appointed 1st September, 1972)
DAVID B. JAMES, B.A., P.G.C.E., Dip.Ed., Psych.
JEAN E. ROSCOE, B.A. (Hons.) P.G.C.E.
MAURICE B. WALTERS, B.Sc., Dip.Ed. Psych.

Psychiatric Social Worker:

BRIDGET C. DOWNER, Diploma in Social Studies (London), Certificate in Psychiatric Social Work (Edinburgh)

Child Guidance Social Workers:

SONIA G. BLISS, S.R.N., S.C.M., H.V. Certificate, Certificate in Social Work
BETTY BOYCOTT, Social Science Diploma (London) (part-time)
FRANK R. WILLS, B.A. (Econ.) (part-time)

Audiologist and Principal Speech Therapist:

EDWARD PAULETT, L.C.S.T., Dip.Aud.

Audiometrician/Vision Testers:

ROSAMUND K. FLOOK
ELIZABETH C. HEALEY
JOAN ROBINSON

Senior Speech Therapists:

JENNIFER M. BOLTON, L.C.S.T. (Appointed 4th December, 1972)
PENELOPE J. C. MOORLEY, L.C.S.T.
GILLIAN P. WALL, L.C.S.T. (Appointed 1st June, 1972)

Speech Therapists:

GLORIA V. BAILLIE, L.C.S.T., (part-time) (Appointed 7th February, 1972)
MARGARET BLACKMORE, L.C.S.T. (part-time) (Appointed 21st February, 1972)
JANICE M. M. BLOWER, L.C.S.T. (part-time)
MARY R. BOTTOMLEY, L.C.S.T. (part-time) (Appointed 25th January, 1972)
ELIZABETH M. INGLIS, L.C.S.T. (part-time) (Appointed 1st September, 1972)
KATHLEEN E. MAY, L.C.S.T. (part-time) (Appointed 1st June, 1972)
MARJORY M. SHELDON, L.C.S.T. (part-time)

Senior Physiotherapists:

JEAN M. BANKS
DENISE B. WOODS

Physiotherapists:

CLARICE D. E. DUFFY (part-time)
JENNIFER A. LOVELL (part-time)
SUSANNE L. ROWE

Physiotherapists's Helpers:

PATRICIA M. BURGAN (part-time)
ELIZABETH A. TAYLOR, S.R.N. (part-time)

Consultant Otologists (part-time):

EDWIN N. OWEN, M.B., Ch.B., F.R.C.S., M.R.C.S., L.R.C.P., D.L.O.
NORMAN VINCENTI, Group Captain, R.A.F., M.D., D.L.O.

Consultant Chest Physicians (part-time):

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., F.R.C.P., M.R.C.S., L.R.C.P.
PHILIP E. PERCEVAL, M.D., M.A., B.Ch., M.R.C.S., L.R.C.P.

Health Education Officer:

HARRY HARRIS

Health Education Lecturers:

JEAN M. OWEN (part-time)
PATRICIA C. COWLING, S.R.N., S.C.M., Dip.Nursing (London)

Report for the year 1972

GENERAL

The area covered by the Local Education Authority comprises 862,482 acres; and in June, 1972 the home population, as estimated by the Registrar General, was 345,860, an increase of 3,900 compared with 1971.

The number of pupils on the school register in October, 1972 was 62,254 compared with 59,652 in October, 1971.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools:

Non-Residential:	*Schools*	*Departments*	*Pupils on Register*
Special Schools and Classes	5	5	159
Nursery	3	3	120
Primary (County)	93	93	21,773
Primary (Voluntary)	138	138	16,048
Secondary Modern (County)	24	24	11,990
Secondary Modern (Voluntary)	2	2	917
Secondary Grammar (County)	8	8	4,147
Secondary Grammar (Voluntary)	5	5	1,979
Comprehensive (County)	6	6	4,661
Residential:			
Secondary	1	1	141
Special	4	4	275
Hospital	1	1	44
TOTAL	290	290	62,254

The table below shows the establishment of principal posts in the School Health Service and the staffing position at 31st December, 1972:

	Establishment	*Staff at 31st Dec. 1972*
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
Senior Medical Officers	2	2
School Medical Officers—whole-time	13	3
—part-time		24
Principal School Dental Officer	1	1
Area Dental Officers	2	2
Senior Dental Officers	7	5
Dental Officers—whole-time	6	1
—part-time		5
Dental Auxiliaries—whole-time	6	5
—part-time		1
Orthodontists—whole-time	1	—
—part-time		1
Dental Hygienists—whole-time	2	—
—part-time		2
Dental Technicians	3	3
Apprentice Dental Technician	1	1
Senior Dental Surgery Assistant	1	1
Dental Surgery Assistants—whole-time	21	14
—part-time		5
Receptionist	1	1
Audiologist/Principal Senior Speech Therapist	1	1
Senior Speech Therapists	3	3
Speech Therapists—whole-time	2	—
—part-time		7
Senior Physiotherapists	2	2
Physiotherapists—whole-time	2	1
—part-time		2
Physiotherapist's Helper/School Nurse—whole-time	1	—
—part-time		2
Audiometrician/Vision Testers	3	3

Inclusive of the Principal School Medical Officer and his Deputy, the total medical staff undertaking all School Health Service duties, including administrative work, on 31st December 1972, was equivalent to approximately 8.4 whole-time officers.

The Nursing staff employed in the School Health Service at the end of 1972 was 5 whole-time and 8 part-time School Nurses, while part-time service was also rendered by 24 whole-time Health Visitors and 2 District Nurse/Midwives who were employed by the Local Health Authority.

MEDICAL INSPECTION AND TREATMENT

Section 48 of the Education Act, 1944 requires the Local Education Authority to provide for the medical inspection, at appropriate intervals of all pupils attending maintained schools, including County colleges. This Section also requires parents to submit their children for such inspection when so requested by an authorised officer of the Authority.

Under the National Health Service Act, 1946, children can receive treatment from Medical Practitioners who have contracted with the Local Executive Council to provide general medical services; and children found on examination by a School Medical Officer to be suffering from any defect are, except for certain agreed conditions, namely, orthopaedic, eye, ear, nose and throat conditions, referred to their own doctors. Such pupils are followed up by the School Nurses and any necessary specialist advice or treatment is arranged either through the family doctor or directly with one or other of the hospitals in the area of the Birmingham Regional Hospital Board as listed on page 20. In certain cases, pupils are referred to hospitals in the areas of other Regional Hospital Boards.

In this County the following inspections are carried out;

(i) *Routine Inspection*

Routine medical examinations are carried out of pupils in one age group only, namely Entrants—on admission to school, usually 5 years. There is no need to stress the importance and significance of this basic routine examination at school entrance age. This is the base line upon which all future assessments will rest. There were approximately 62,000 pupils on the school register in 1972 and of this total 9,512 were examined for routine medical inspection purposes. Vaccinations, immunisations, Health Education talks, audiology, special case work and cytology continue to make increasing demands on the Medical Officers, whose time for purely routine medical inspection purposes is proportionately reduced.

(ii) *Selective Medical Inspection*

Selective medical inspections are carried out at all secondary schools in the County. The parent of each pupil due for examination in the 11 and 14 year age groups is asked to complete a questionnaire giving information relating to the child's general health, medical history, progress, etc. and only those children selected on the basis of information provided in the completed questionnaires are given routine medical examinations. Some 3,671 pupils—1,914 in the 11 year age group and 1,757 in the 14 year age group—were considered and found not to warrant routine medical examination. This scheme ensures that fit children are excluded from routine examination and that more attention is given to individual pupils with specific problems.

(iii) *Special Inspections and Re-Examinations*

In addition to the inspection of pupils mentioned in Sections (i) and (ii) above, special examinations are made of pupils referred on account of defects by Heads or School Nurses, including children who are in need of special educational treatment. Annual re-examinations are also made of children found to have a defect requiring observation. The numbers of pupils examined as Specials and Re-examinations in 1972 were 1,782 and 9,039 respectively, making a total of 10,821.

The number of defects discovered by School Medical Officers followed the usual pattern with visual defects again being prominent. The results of the medical inspections were satisfactory and the nutrition figure which was 100% in 1961 has remained at the same level, with the exception of 1971 when out of 6,968 pupils inspected at routine examinations, the condition of 3 was found to be unsatisfactory. In 1972, 9,512 pupils received routine examinations and the physical condition of these children was found to be satisfactory. The continuing improvement in the standard of living has helped to reduce physical ailments to a minimum. School Medical Officers continue to report cases of obesity at medical inspections and children and parents are given advice about diet.

School Medical Officers give advice and guidance to pupils with special problems and medical officers are provided with special sessions each month to visit schools in their areas for this specific purpose. This enables Heads of schools to conduct formal discussions with the School Medical Officer to resolve difficulties which are encountered by children in schools. This advisory and counselling service is of great value.

The School Medical Officer and Nurse confer with the family doctor about children with whose health they are concerned and if each tries to understand the functions and responsibilities of the other, their work can be integrated in the child's interests.

As a general rule, parents take much interest in the school health service and the majority with children of the younger age groups, attend routine medical inspections. If any special problem is raised by a parent when meeting the School Doctor at routine medical inspections, a special appointment can be made for fuller review or examination at home or at a School Clinic.

The school leaver's routine medical inspection at about 14 years (now to be fixed at 15 years with the raising of the school leaving age to 16 years) is aimed at assessing the child's health so that any necessary treatment may be arranged or advice given before he or she leaves school. Great emphasis is placed upon the value of the work which School Medical Officers perform in identifying school leavers who are not unconditionally fit for employment and advising Careers Officers of them. Reference to the recent re-organisation of the Employment Medical Advisory Service is referred to on page 27 of this report. Any reluctance of the older children to discuss their problems or to accept advice is lessed by the growing custom of teachers and medical officers discussing adolescent difficulties in a friendly atmosphere with the pupils who seem generally to appreciate in this connection the scheme for giving guidance to adolescents in regard to personal relationships between the sexes (referred to under "Health Education" on page 52 of this report).

Co-operation and Co-ordination.—Good co-operation exists between School Medical Officers, School Nurses and Family Doctors, and this results in a better service with children. Head Teachers are co-operative in the various aspects of the School Health Service work and are especially helpful at annual routine medical inspections.

Treatment of Eye Conditions:

Pre-School squint screening.—Since January, 1970 all children at the age of 9 months have been given a combined hearing/squint screening test. The children concerned are invited by appointment to attend suitably situated Clinics at specified times, the mothers being offered a second appointment if they are unable to keep the first. The squint screening tests are carried out in conjunction with infant hearing tests, by specially trained Health Visitors.

During the hearing testing session, each child is observed for the presence of squint. Any child failing the test is given an appointment to attend a local County Council Clinic for re-test by a Clinic Medical Officer who refers obvious squints for a consultant opinion as soon as possible or in the case of doubtful squint, a further appointment is arranged and the case reviewed. During 1972, 101 children

were referred by Clinic Medical Officers on account of suspected squint, 93 to Ophthalmic Consultants and 8 to general medical practitioners.

Of the 93 children referred to the Ophthalmic consultants at hospitals it was found that;

5 were suffering from squint
41 squints not diagnosed but being kept under review
9 squint not diagnosed and discharged from hospital
37 awaiting hospital appointment
1 left County.

Of the 8 children referred to general medical practitioners, it was found that;

3 had no squint
5 squints not diagnosed but being kept under review

The early referral of obvious or suspected cases of squint is of great importance and in the course of the hearing test, the Health Visitor occupied in distracting the child with a toy or similar object, is ideally suited to observe any squint which may be present.

School Child Vision Testing.—Vision is tested at five, seven, eleven and fourteen years, but all pupils suffering from defective vision are seen by the School Medical Officer at annual re-examinations as mentioned in Section (iii) above. Special attention is paid to children suspected to be suffering from a squint and Ophthalmic Consultants continue to stress that referral at an early age is essential to guarantee satisfactory results after treatment. Colour vision is tested at the age of eleven years.

Vision testing (near, distance, colour vision and muscle balance) by means of a Keystone self-contained portable vision screener was continued during the year. The vision screener has great advantages, particularly in many of the older primary schools, where the unsatisfactory accommodation makes it difficult to carry out vision testing by traditional methods.

Combined vision and hearing tests are carried out immediately prior to routine medical inspections and recent testing results in both categories are, therefore, available to the examining Medical Officer. During the year the three Audiometrician/Vision Testers visited—161 schools and in the course of 991 half-day sessions work, completed 21,267 vision tests. Children considered to require ophthalmic treatment are referred by the School Medical Officer, either to an Ophthalmic Optician, or where necessary to an Ophthalmic Consultant. School nurses carry out regular follow-up visits to schools and homes to ensure that treatment is, in fact, obtained for such school children and that spectacles are being worn in cases where they have been prescribed.

The following table gives the results of the 21,267 vision tests which were carried out in 1972:

No. Tested	Referred for treatment to			For Observation
	Optician	Hospital	G.P.	
21,267	700	180 *	44	1,605

* In addition 15 children were referred for Hospital treatment on account of squint

During the year 5,269 children were dealt with for defective vision or other eye conditions, 5,091 being referred to Ophthalmic Medical Practitioners or Ophthalmic Opticians and 178 being treated by Ophthalmic Consultants at the Shrewsbury Eye, Ear & Throat Hospital and at Bridgnorth South Shropshire Infirmary.

In 1972, applications for the repair/replacement of spectacles, free of cost under the provisions of the National Health Service (General Ophthalmic Services Regulations) were received in respect of 525 cases (502 for repair of spectacles and 23 for replacements).

Defects of Ear, Nose and Throat.—With the exception of visual defects, Medical Officers referred for treatment more children suffering from ear, nose and throat defects than for any other single cause. Of the 11,294 pupils medically examined, 27 were referred to the Ear, Nose and Throat Specialists during 1972 and another 673 were noted for observation on account of tonsil and adenoid conditions.

Operations for the removal of tonsils and adenoids were performed on 424 Shropshire school children in Hospitals of 15 and 16 H.M.C. Groups.

Orthopaedic Defects.—There are 7 Orthopaedic and After-Care Clinics in Shropshire attended by an Orthopaedic Specialist and an Orthopaedic Nurse.

During 1972, of 11,294 pupils medically examined by the School Medical Officers, the following were noted as suffering from varying degrees of orthopaedic defects and referred to the Orthopaedic Surgeon, where treatment was considered necessary:—

	Treatment	Observation
Posture	8	101
Feet	31	260
Other Conditions	52	439

Defects of posture feet account for an appreciable number of orthopaedic defects. Postural defects usually respond to corrective exercises at school and advice is given by School Medical Officers on choice of suitable footwear.

Care of Feet.—Owing to pressure of other work, the County Chiropodists discontinued their limited amount of routine foot inspection work in maintained schools, although School Medical Officers and Nurses did visit upon special request by Heads of schools for the purpose of giving any necessary advice and guidance.

Children found on inspection to have a Verruca are excluded from swimming, showers and participation in bare foot physical education until the condition had been treated. Children are allowed to swim even if they have Verrucas as long as the Verruca is not causing pain which would indicate that it is in a highly infectious condition and secondly that the area is completely covered by a waterproof plaster.

Particular attention is paid to the most likely spots for the spread of infection, such as gymnasium floors, swimming baths, etc. and these are disinfected.

Diseases of the Skin.—Of the 11,294 pupils medically examined by the School Medical Officers, 78 required treatment for skin conditions and 331 were noted for observation. The numbers of Shropshire school children known to have been treated during 1972 for diseases of the skin (other than of the feet) are indicated below:

Ringworm—Scalp	7
Ringworm—Body	9
Scabies	99
Impetigo	41
Other Skin Diseases	25
Total	181

Minor Ailments Clinics.—Most of the conditions which used to be seen at Minor Ailments Clinics are now dealt with by the Family Doctor. Some Minor Ailment Clinic facilities are, in fact still offered at Child Health Centres.

At the School Nurses' session and the School Doctor sessions at Bridgnorth, Oswestry and Wellington Child Health Centres, 27 children were examined by the School Doctor during 1972.

Convalescence.—On the recommendation of School Medical Officers, 14 cases were provided with convalescent holidays, usually of a fortnight's duration. If a fairly long period of convalescence is required, the child is regarded as a delicate pupila and placed in an Open-air School.

Cleanliness Inspections.—School Nurses carry out routine inspections for verminous infestation for pupils in all primary schools, follow-up inspections being made of pupils found to have nits or lice. Such inspections in secondary modern and grammar school are now arranged only at the request of the Head.

During 1972, a total of 101,443 head inspections were carried out by the School Nurses and 925 (393 boys and 532 girls) were found to be verminous, some on more than one occasion.

It was found necessary during the year to issue 13 Formal Cleansing Notices, but no Cleansing Orders were issued.

No legal proceedings were instituted during the year.

Infestation is mainly confined to children, whose home conditions are unsatisfactory, and these represent a small hard core of the school population.

Work of School Nurses.—School nursing is undertaken by 13 School Nurses (5 whole-time and 8 part-time), 24 Health Visitors and 2 District Nurses (who are estimated to devote about 7% of their time to this work). In addition to visits to schools for head inspections, the School Nurses attend routine medical inspections. Children ascertained by the School Medical Officer to be suffering from defects of any kind are either referred to the Family Doctor for treatment or noted for observation and the subsequent follow-up work of the School Nurse is indicated in the following table:—

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole-time equivalent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Home Visits
School Nurses ..	5	5.0		1,566	339	1,905	1,905	737	293	1,030	2,935	1,211
Part-time School Nurses ..	8	3.1	684	2,049	829	2,878	2,878	1,440	714	2,154	5,037	1,499
Health Visitors ..	24	3.6		759	619	1,378	1,376	663	920	1,583	2,961	1,194
District Nurses ..	2	0.1										
TOTAL ..	39	11.8	684	4,374	1,787	6,161	6,159	2,840	1,927	4,767	10,928	3,904

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital have a permanent arrangement with the Education Committee for the provision of special educational facilities. At Copthorne Hospital, Shrewsbury, patients recommended for special tuition, attend a class held regularly at the Hospital by a Tutor provided by the Education Committee.

In other Hospitals in the County, when a child is admitted, whose stay is likely to be prolonged, special arrangements are made for individual tuition if medical condition permits.

Employment of Children.—In accordance with the provisions of Section 59 of the Education Act, 1944, all pupils reported by the Chief Education Officer as being engaged in work outside school hours, are examined by the School Medical Officer to ensure that they are not being employed in a manner likely to be prejudical to health or to render them unfit to obtain the full benefit of education. After this initial examination, each child is seen at the routine school medical inspection, or at an earlier date if the School Medical Officer recommends such an arrangement.

Only children of 13 years of age or more are allowed to take up employment, which is restricted by statute and may not exceed 2 hours on school days. Work before 7.00 a.m. is prohibited. Employment in a number of occupations connected with hotels, public entertainment, licensed premises, racing tracks, etc., is prohibited and no child may be employed to lift, carry or move anything so heavy as to be likely to cause him injury.

Of 491 pupils examined during 1972, it was necessary to recommend a re-examination in one case.

Medical Inspection of Pupils Resident in Boarding Schools and Special Boarding Schools.—Special arrangements are made for the medical examination of children in Boarding Schools, who are resident in Special Boarding Schools in the County, as under:—

Apley Park—Bridgnorth
Petton Hall—Ellesmere
Haughton Hall—Shifnal
Trench Hall—Wem

Anything relevant to the wellbeing of the children ascertained at the medical examination is passed on to the school. Every pupil in these residential establishments is on the list of a local General Medical Practitioner, providing general medical services under the National Health Service Act.

Petton Hall Residential Special School for Educationally Subnormal Boys

Dr. M. C. Batcheldor, School Medical Officer for the school writes as follows:—

"I continued as the School Medical Officer for Petton Hall Residential E.S.N. School in 1972. The co-operation I received from the Headmaster, the teaching staff, the Matron and the General Practitioners in carrying out my duties remained excellent. There was always full discussion between all concerned if there was any problem with any child, and seldom, if ever, was there a failure to arrive at a solution to the benefit of the child.

It was not difficult to get specialist consultation at hospital level when this was required, and most Consultants were very understanding in their dealings with the boys. Their problems were attended to with a minimum of delay and usually during the school term time. This is important in the cases of a great many of the boys as their home environment is such that many abnormalities such as dental decay or undescended testicles are not considered worthy of attention. Some of the boys have extremely good homes where their general health is not neglected in any way, and these present no problem.

The boys now spend every weekend away from the school and most of them go home, although some go to the homes of members of the staff or friends as their parents live too far away.

Admissions to Hospital include operations for a Polyp in the ear, a hernia and a bony prominence removed from the big toe. All these operations were arranged and carried out with very little delay. One boy has been attending Dudley Road Hospital, Birmingham for specialised investigations. During the Autumn Term alone, 29 routine appointments were kept with Specialist Departments of the local Hospitals, and 2 appointments were made and kept during the school Christmas holiday period. The W.R.V.S. provided the transport for all the Hospital appointments.

The Dental Health Service arranged an evening session at Market Drayton Child Health Centre on each Tuesday, starting in October. Nine or ten boys attend each of these sessions, leaving the school at 4.00 p.m. and returning at 8.45 p.m. A Caravan Clinic used to visit the school and the present arrangement is, I understand, to continue until this van is again available. From October to December, 56 boys were teated and the school 'bus is used for transport.

Seventeen boys are receiving speech therapy from a Therapist who visits the school. There are regular Hearing Clinics arranged at the school to test children who arrive with suspect hearing, and to check those already there, who have known hearing defects.

An adult, normally the Matron, accompanies each child on every visit to the Hospital or the Dentist, and is also available for consultation with the Audiologist or Speech Therapist. The Headmaster, Matron and staff, visit boys while they are in-patients in Hospital. Parents and relatives rarely show interest or visit, telephone or send a present on these occasions.

I am always made most welcome at Petton Hall and look forward to my visits there."

Haughton Hall Residential School for Educationally Subnormal Girls

Dr. A. N. O'Brien, School Medical Officer for Haughton Hall writes as follows:—

"Haughton Hall Residential Special School at Shifnal is a weekly boarding School for Girls, who are educationally subnormal. There are 65 pupils, whose ages range from 8 years, 3 months to 17 years, 10 months. The normal leaving age is 16 years, but girls are allowed to remain for an extra year if on medical or psychological grounds such a recommendation is made.

Before admission, the pupils have been fully assessed; they may have been transferred from an ordinary primary or secondary school; or from another Special School, for example, one for severely subnormal children or for maladjusted children. The range of ability includes the borderline severely subnormal and/or levels of intelligence up to the borderline low average.

All the girls are medically examined during their first term and re-examined in the following terms. Special examinations may be arranged when necessary. Other sessions are used for immunisations and for audiology. In providing care for these children, the fullest co-operation is needed and many informal discussions take place which involve the Headmistress, Mrs. Beswick, members of her teaching staff, the Housemothers and other staff of the Education Department.

During the year a number of girls were referred after a school medical inspection to the R.A.F. Hospital at Cosford, for operative treatment.

When the pupils are in the final year no effort is spared in finding suitable employment for each one. A School Leavers' Conference gives parents the opportunity to discuss all the possibilities for employment with a Careers Officer, who is guided by reports from the teaching staff, the Educational Psychologist and the School Doctor.

Many other useful opportunities exist for close liaison between school and parents and between school and the Health Department. The work of the School Doctor in the school is varied and interesting. It is of particular interest to follow the progress of individual pupils throughout the school years and to note the physical and emotional improvement which occurs with increasing maturity."

TABLE I

Distribution of pupils by year of birth

1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
1	5	11	12	11	9	6	7	1	2

TABLE II

Distribution of pupils according to intelligence in each age group

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Intelligence Quotient	61	62 –73	46 –79	56 –78	43 –75	59 –81	55 –84	65 –82	62	65 –77

TABLE III

Defects found at School Medical Inspection

Vision	18
Brain injured	6
Severe social problems	6
Hearing loss (including 1 with hearing aid and 2 who had a myringoplasty)	5
Other E.N.T. problems	5
Suitable for further training in Adult Training Centre	5
Severe behaviour problems	4
Orthopaedic defects	3
Speech defects	3
Epileptic	2
Rare Genetic Anomaly	1
Asthmatic	1
Diabetic	1
Mongol	1
Hydrocephalus	1
Post-encephalitic	1
Dental Caries	7

Trench Hall Residential Special School for Maladjusted Children:

Dr. S. M. Crosland took over from Dr. A. B. Barker as Medical Officer for this school during the course of 1972, and Dr. Crosland writes as follows:–

"I visited Trench Hall School for Maladjusted Children in September 1972 when I was warmly welcomed by the Headmistress and staff. I saw each pupil for a routine examination.

The Headmistress discussed with me each child's history and problems at considerable length which was extremely helpful to me as School Medical Officer in letting me understand his or her mental condition.

It always seems vital that each child is dealt with as a whole being and as a School Medical Officer one is concerned with both physical and mental health, which cannot be separated and are inter-dependent.

It will be particularly interesting working at Trench Hall in close co-operation with the staff and I feel it will be a very useful and satisfying aspect of my work."

Katharine Elliot School:

This school copes with a wide variety of handicaps and offers education, assessment and social training to children of ages ranging from 3—10 years.

The following account of this project has been contributed by Mr. J. H. Dolphin, as the School's Acting Headmaster in the absence of Mr. N. O. Davies, the Principal:—

"This school assesses and educates children with most types of physical handicap and the present age range is from 3—10 years. At present we have 42 children on roll, of whom 32 attend full-time. Spina Bifida children account for 14 of this total and 9 Cerebral Palsied. The remaining handicaps include Haemophilia, Visual Defects, Epilepsy, various Congenital defects and Autism. There has been an increase in the number of cases requiring toileting care. Children have continued to be transferred to a variety of schools. The majority have been successfully placed in normal Infant and Junior schools. One child has been admitted to a School for the Visually Handicapped and a physically handicapped boy has been placed in a Residential Grammar School.

Mrs. G. Wall, Senior Speech Therapist, attends school for one day each week and gives therapy to approximately one-third of the children. Regular Case Conferences enable us to keep a close watch on the educational, physical and social progress of the children and assist in the eventual placement of the child on leaving school."

Thomas Parker School

Like the Katharine Elliot School, this school copes with a wide variety of handicaps and offers education, assessment and social training to children of ages ranging from 3—10 years.

The following account of this project has been contributed by Miss B. J. Pope, the School's Principal:

"It is now sixteen months since the first children were admitted to the school. In October, 1972, Mr. H. Martin Wilson, former Education Officer, declared the school officially open. We were very pleased to be joined on this occasion by Mrs. Hall-Christie, the only surviving daughter of Thomas Parker, and by several of his grand-children. We are delighted to accept a portrait of Thomas Parker which now hangs in the school.

During the year, three children have left the school as their families have moved out of Shropshire. One child has been placed in a normal school, one is waiting for a place at Charles Darwin School and we hope that three other children will transfer to the new E.S.N. School at Telford when it opens.

At present there are 45 children on roll aged 4—10 years. Of these children, 37 attend full-time. The numbers classified by type of handicap are as follows:

Defects	
Cerebral Palsy	15
Spina Bifida and/or Hydrocephalus	15
Partially-sighted	1
Partially-hearing	1
Congenital Heart	2
Brain Damage	4
Christmas Disease	1
Others	6
TOTAL	45

The majority of the children still travel to school from quite a wide area of the eastern part of the County, but we now have four children who live close to the school in the new Brookside Housing development. During the year we have received a large number of visitors, including Architects, Teachers, Physiotherapists and Student Nurses. They all consider that we are very fortunate in the facilities provided by both the building and the staffing ratio.

During the year too we have had contact with a number of local schools, factories and voluntary organisations, all of whom have been very generous to the children.

In September, Dr. Nankivell left us, Dr. A. D. Barker replacing as our School Medical Officer. Mrs. Bolton, Senior Speech Therapist, now visits for two sessions per week

Each term, clinics are held at the school by Mr. G. K. Rose, Orthopaedic Consultant, and by Dr. J. C. Macaulay, Consultant Paediatrician. We are most appreciative of this direct contact with the Consultants and the interest they show in the school.

It has proved encouraging for the staff to see the progress, although in some severe cases, it is only slight, made by the children during the year."

Dr. A. D. Barker, Medical Officer for the Katharine Elliot and Thomas Parker Schools writes as follows:—

"We miss Mr. Davies, Head of Katharine Elliot School, who has gone on a year's course to Birmingham University but I must congratualte Mr. Dolphin who has taken over the running of the school as Acting Head during this period.

Miss Pope, Head of Thomas Parker School, is to be congratulated on the very successful official opening of her school.

It was a pleasure to see Mr. Martin Wilson, former Chief Education Officer, as principal speaker since it was in his era that the Katharine Elliot School concept began. It was also interesting to have the relatives of Thomas Parker attend that function. The gift of a framed portrait of Thomas Parker is much appreciated and hangs in a place of honour in the school.

I visit the Katharine Elliot and Thomas Parker Schools for one day each week. There is a Case Conference every other week in the afternoon, at each school. I welcome these meetings when all concerned with the child are present and contribute to the discussion.

A handicapped child may be defined as one suffering from a disability of mind or body which is likely to interfere with normal growth, development and ability to learn. All the children attending Thomas Parker and Katharine Elliot Schools come under this heading, since there are attending both these schools children in the following categories:

Blind	Delicate	Maladjusted
Partially sighted	Educationally sub-normal	Physically Handicapped
Partially hearing	Epileptic	

Most of the children are at least doubly handicapped.

We still have children in both schools who should really be attending a Special Care Unit and when this Unit is eventually built it will help to release several places for children who can benefit more from all the specialised facilities available in these two schools. The spina bifida children still outnumber the cerebral palsied children and between them make up the majority of the children. The spina bifida children still cause parents and all who care for them considerable anxiety. The Spitz Holter valve seems to be causing more trouble than ever. We have several children who have had to be admitted and re-admitted to hospital because of blockage of the valve. We must all be vigilant for the signs of trouble and this can vary from a child who shows early symptoms, viz. lethargic, off-colour, to the full blown squint and headache going on to convulsion. It is important that the early signs are noticed so that prompt action can be taken before the risk of permanent brain damage to the child occurs. We have for example one child at Thomas Parker who has had no trouble with her valve for years. The question of whether or not it should be re-sited since the draining catheter was no longer long enough to drain into the heart, was being considered when she suddenly developed signs of blocked valve. She was taken to hospital and the whole valve system replaced. She has not been as well in herself since this incident and has had to return to hospital for investigation.

I am glad to report that she has looked like her old self again in the past two weeks. It is this unpredictable situation with the valve and the possibility of sudden emergencies which cause the parents and all who care for these children so much anxiety. One other girl now attending ordinary school who had had no valve trouble for years, has also had recurrence of trouble and is now able to say to her mother, "It is my valve that is causing my headache this time." She too will require investigation.

Another child has started menstruating. This caused considerable difficulties at first but with a great deal of sympathetic and practical help from the staff, she now accepts the situation and is showing a natural interest in her maturity. This has resulted in Miss Pope, Head of Thomas Parker School, taking several of the older girls for instruction "on growing up", linked with a television programme. The parents were, of course, consulted before the class was started. Obesity is another of the problems we have with many of the children. The dietician has been to the school to instruct the parents and the kitchen staff on suitable diets.

Miss M. E. M. Evans, the Social Worker, is a very important member of the team, ever in demand by both parents and staff.

Work with these children is very demanding, all the staff give a great deal of themselves to help these children and by the end of each term one can see and feel the signs of stress on the staff.

The Consultants, Mr. Fraser, Dr. Macaulay and Mr. Rose, still hold regular clinics at the schools.

The parents appreciate the help given by the Head Teacher and staff of these very special day schools.

I visit the homes of handicapped children to try to help parents and give guidance in the understanding and management of their children and, where applicable, to discuss the possible

educational future of their child. Parents who seem to require the most help and the most frequent visiting are the parents of the severely mentally handicapped children. At present, facilities for them are few and most of the children have to be cared for like babies for years. The parents do appreciate the opportunity to talk of their distress, their feelings of guilt and family problems arising from the situation. We, as outsiders, often feel the best thing for the family would be the removal of the child to residential care but most of the parents are unwilling at first to accept this and, when they do eventually accept, suffer from the feeling of guilt for a long time. Theirs is a terrible burden. The opening of a Special Care Unit where the very severely mentally handicapped child can be cared for should offer some relief for these parents. I only hope we have enough places available."

Robert Clive School for Mentally Handicapped Children:

Dr. A. C. Mackenzie, the Medical Officer for this school, writes as follows:

"I took over the medical inspection of the Robert Clive School from Dr. Barker in November, 1972. The work of this school and the atmosphere is, of course, different from that in the primary and secondary modern school and I noted with interest the progress made by many children I had assessed on previous occasions and had seen at the Sutton Lodge Playgroup. Most children learn the art of being socially acceptable within a very few months of joining the school population and parents, although often seeming to take this progress for granted, always acknowledge the improvement in behaviour which is the first aim of the school. Following social acceptability comes the ability to keep themselves occupied and the art of mixing in the community and, finally, the ability to be useful and/or at least independent. Improvement in physical health including increased reaction speed and better muscular co-ordination are also noticeable and highly desirable. The staff have excellent apparatus to help in their effort towards this aim and a swimming pool, which is a great asset. Medical examinations are of value. The time taken in talking to the children and their parents is well spent as the parents then get a chance to discuss progress and future prospects as well as the general health of the pupil. During medical examinations the Head of the school, Mrs. Lord, is always available to give advice.

The main health problems are upper respiratory infections and overweight. Both these problems are helped by the regular exercises given to the pupils and by their well-balanced diet, which is low in carbohydrates and high in vitamin content. Physiotherapy is given to two of the children at the nearby Katharine Elliot School. Some of the children require treatment for epilepsy and some require sedation, but the majority are not on drug treatment and appear to keep reasonably well."

Charles Darwin Special School for Mentally Handicapped Children:

Dr. J. D. Condon, Medical Officer for the school, writes as follows:

"The number of children at the Charles Darwin School is now 44, of which 22 are mongols, and the remainder mentally defective.

There have been ten cases of infective hepatitis over the past year, but this appears to have cleared now and the health of the school is good.

The children staged a play at Christmas to which the parents were invited, and which was enjoyed by all.

During the Summer there were educational outings to zoos and gardens etc. as part of the curriculum.

As always, the children were happy and very cheerful, and all amenities are of a high standard."

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general Child Health Clinics. In addition to the clinics listed, there are two Mobile Dental Units and one Mobile Medical Unit. The times at which clinics are held are liable to be modified, but up-to-date information on clinic sessions may be obtained from the Health Department, Shirehall, Shrewsbury, or from the local School Medical Officer concerned.

Medical Officer and District	Centre	Frequency of Sessions	
DR. BARKER Wem	Wem	Audiology Dental Speech Therapy	As required Two sessions weekly One session weekly
DR. BATCHELDOR Whitchurch	Ellesmere Petton Hall Whitchurch	Audiology Dental Audiology Speech Therapy Audiology Dental Speech Therapy Child Guidance	As required Four sessions weekly As required Two sessions weekly As required Six sessions weekly One session weekly As required
DR. BATCHELDOR Oswestry	Oswestry Shropshire Orthopaedic Hospital	Audiology Child Guidance Dental Ophthalmic Orthopaedic School Doctor Speech Therapy Speech Therapy	As required Three sessions monthly Ten sessions weekly One session weekly One session weekly One session weekly Two sessions weekly One session weekly
DR. CAPPER Ludlow	Church Stretton Cleobury Mortimer Craven Arms Ludlow Ludlow (East Hamlet) Ludlow County Infants School	Audiology Audiology Audiology Audiology Child Guidance Dental Speech Therapy Speech Therapy Speech Therapy	As required As required As required As required Five sessions monthly Seven sesions weekly Two sessions weekly One session weekly One session weekly
DR.HARGREAVES Madeley	Broseley Madeley Much Wenlock (William Brookes School)	Audiology Audiology Child Guidance Dental Orthopaedic Speech Therapy Audiology	As required As required As required Six sessions weekly One session three monthly One session weekly As required
DR. CONDON Wellington	Wellington	Audiology Child Guidance Dental School Doctor Speech Therapy	As required Seven sessions weekly Forty-two sessions weekly One session weekly Four sessions weekly

Medical Officer and District	Centre	Frequency of Sessions	
DR. MACKENZIE Shrewsbury	Health Centre, Murivance	Speech Therapy	Six sessions weekly
	5a Belmont	Dental	Fifty-four sessions weekly
	Katharine Elliot School (Woodcote Way)	Speech Therapy	Two sessions weekly
	The Old Vicarage, Shirehall	Child Guidance	Twelve sessions weekly
	The Adult Training Centre, Shrewsbury	Hearing Assessment	Three sessions monthly
		Audiology	As required
	Albert Road	Audiology	As required
	Robert Clive School	Speech Therapy	Two sessions weekly
	Condover Hall	Speech Therapy	One session weekly
DR. HARGREAVES Shifnal	Albrighton Group Practices Surgery	Audiology	As required
	Albrighton County Infant and C.E. Junior Schools	Speech Therapy	One session weekly
	R.A.F. Cosford Hospital	Hearing Assessment	One session monthly
	Shifnal	Audiology	As required
	Haughton Hall	Audiology	As required
	Shifnal County Primary School	Speech Therapy	One session weekly
DR. O'BRIEN Newport	Newport	Audiology	As required
		Child Guidance	As required
		Dental	Three sessions weekly
		Speech Therapy	One session weekly
DR. PENNEY Bishop's Castle	Bishop's Castle	Audiology	As required
		Child Guidance	One session weekly
DR. BREMNER Market Drayton	Market Drayton	Audiology	As required
		Child Guidance	Two sessions monthly
		Dental	Eight sessions weekly
		Speech Therapy	One session weekly
DR. CONDON Oakengates	Donnington Infants' School	Speech Therapy	One session weekly
	Hadley	Audiology	As required
	Teagues Bridge Infant School	Speech Therapy	One session weekly
	Oakengates	Audiology	As required
		Speech Therapy	Two sessions weekly
DR. TURNBULL Bridgnorth	Bridgnorth (Northgate)	Audiology	As required
		Child Guidance	Four sessions monthly
		Dental	Twenty sessions weekly
		Speech Therapy	One session weekly
	Highley	Audiology	As required
DR. HARGREAVES Dawley	Dawley	Audiology	As required
		Dental	Four sessions weekly
		Speech Therapy	One session weekly
		Child Guidance	Ten sessions monthly
	Sutton Hill	Audiology	As required
		Speech Therapy	Two sessions weekly
	Woodside	Child Guidance	One session fortnightly
		Audiology	As required
	Thomas Parker School	Speech Therapy	Two sessions weekly

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals all of which with the exception of R.A.F. Hospital, Cosford come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions:
The Royal Salop Infirmary, Shrewsbury
Copthorne Hospital, Shrewsbury
The North Staffordshire Royal Infirmary, Stoke-on-Trent
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton Royal Hospital, Wolverhampton
The Staffordshire General Infirmary, Stafford

Eye Conditions:
The Eye, Ear and Throat Hospital, Shrewsbury
The North Staffordshire Royal Infirmary, Stoke-on-Trent
The Staffordshire General Infirmary, Stafford
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton and Midlands Counties Eye Infirmary, Wolverhampton

Ear, Nose and Throat Conditions:
The Bridgnorth and South Shropshire Infirmary, Bridgnorth
Copthorne Hospital, Shrewsbury
The Eye, Ear and Throat Hospital, Shrewsbury
Ludlow and District Hospital, Ludlow
Oswestry and District Hospital, Oswestry
Shifnal Cottage Hospital, Shifnal
Whitchurch Cottage Hospital, Whitchurch
New Cross Hospital, Wolverhampton
The North Staffordshire Royal Infirmary, Stoke-on-Trent
R.A.F. Hospital, Cosford
The Staffordshire General Infirmary, Stafford
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton Royal Hospital, Wolverhampton

Orthopaedic Conditions, including Fractures:
The Royal Salop Infirmary, Shrewsbury
The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry
The Kidderminster and District General Hospital, Kidderminster

Special Forms of Treatment not elsewhere available:
The Birmingham Children's Hospital, Birmingham

HANDICAPPED CHILDREN

Further to my report of last year, our scheme for the routine developmental screening of all babies and young children by appointment continues successfully.

Mothers are enthusiastic about the scheme, realising the importance of the earliest possible detection of any deviation from the normal in their children and the number of Clinic sessions has been increased to meet the growing demand. Remote parts of the County will be better served with the recent acquisition of a second Mobile Clinic.

The following table shows the relevant statistics and conditions found at examinations, and the percentage attendances are, for the post-neonatal examination 72%, and for the two-year old examination 59.2%. These figures compare favourably with those which were obtained in the past for "the casual Baby Clinic".

CONDITIONS FOUND

Examination Stage	Appointments	Examined	Under Treatment		Referred to G.P. (Cases previously unknown)	Observation Cases
			By Family Doctor	By Paediatrician or Surgeon		
4–11 weeks	5,692	4,112	Floppy Baby 1 Umbilical Hernia 5 Cong. Dislocated Hips 1 Sticky Eyes 1 Tachycardia 1 Hypospadias 1 Skin Condition 1 Thrush 1 Asthma 1	Systolic Murmur 2 Cong. Heart Murmur 4 Mitral Murmur 2 Floppy Baby 2 Undescended Testes 1 Mongol 5 Umbilical Hernia 4 Sterno Mastoid Tumor 1 Cystic Fibrosis 1 Cong. Dislocated Hips 6 Chest Condition 1 Hare lip 1 Weight loss 1 Ant Fontanelle 1 Head lag 2 Retarded 2 Anal fissure 1 Cong. Talipes 8 Hypospadias 1 Skin Condition 1 Spina Bifida 6 Clicking Hip 6 Foot deformity 1 Hydrocephalic 1 Pilonidal Sinus 1 Eversion feet 2 Cleft Palate 1 Jaundiced 2 Birth Marks 1 Cerebral Irritation 1 Hirschsprung's Disease 1	Systolic Murmur 2 Floppy Baby 3 Umbilical Hernia 9 Rt Inguinal Hernia 4 Sticky Eyes 2 Retarded 1 Hypospadias 2 Skin Condition 3 Foot Deformity 1 Pilonidal Sinus 1 Eversion feet 1 Cyst 1 Wry Neck 1 Thrush 2 Anaemic 1 Eczema 1	Systolic Murmur 1 Cong. Heart Murmur 3 Delayed Motor Development 5 Floppy Baby 20 Undescended Testes 6 Umbilical Hernia 15 Rt. Inguinal Hernia 1 Cong. Dislocated Hips 1 Pyloric Spasm 2 No Vision Response 2 Ant Fontanelle 9 Head lag 9 Retarded 7 Spastic 1 Cong. Talipes 3 Skin Condition 2 Clicking Hip 17 Squint 21 Foot Deformity 2 Hydrocele 4 Cystic Swelling 1 Eversion feet 2 Cleft Palate 1 Tongue Tie 1 Haemangioma 1 Cyst 2 Wry Neck 2 Flexion Deficiency 1 No Response to Sound 4 Bow legs 2 Blocked Tear Duct 1 Naevus 4
			Total 13	Total 70	Total 35	Total 153
2 years	5,725	3,391	Undescended Testes 1 Umbilical Hernia 2 Retarded 2 Hypospadias 1 Squint 3 Asthma 1 Hallux Valgus 1 Eczema 10	Systolic Murmur 10 Cong. Heart Disease 5 Cardiac Murmur 5 Delayed Development 12 Undescended Testes 4 Spina Bifida & Hydrocephalic 5 Spina Bifida 5 Hydrocephalic 6 Mongol 6 Eye Condition 1 Hare lip 1 Hearing loss 3 Hip Defect 2 Retarded 6 Cong. Talipes 8 Hypospadias 2 Squint 65 Foot Deformity 3 Chest Deformity 1 Cystic Fibrosis 1 Thyroid Deficiency 1 Epilepsy 1 Vision Defect 9 Inguinal Hernia 2	Systolic Murmur 4 Cardiac Murmur 1 Delayed Development 8 Undescended Testes 2 Discharging Ear 1 Retarded 4 Foot Deformity 1 Hydrocele 1 Circumcision 4	Systolic Murmur 5 Cardiac Murmur 3 Cong. Heart 1 Delayed Development 14 Undescended Testes 30 Hearing loss 4 Retarded 8 Cong. Talipes 4 Hypospadias 1 Spina Bifida 1 Hydrocephalic 3 Squint 32 Foot Deformity 3 Hydrocele 1 Epilepsy 1 Vision Defects 7 Asthma 1 Eczema 2 Backward Speech 34
			Total 21	Total 164	Total 26	Total 155

Assessment of Handicapped Children.—A handicapped pupil may be defined as one suffering from a disability of mind or body which is likely to interfere with normal growth, development and ability to learn. Children suffering from such disabilities or defects which impede normal progress in school are given special consideration. This varies from education in hospital (for long stay patients) and home tuition, to education in special classes or units in ordinary day schools. Residential School may be recommended where specialised treatment is necessary and which cannot be provided locally or where home circumstances justify boarding education.

The Education Act, 1944, imposed upon Local Authorities the duty of finding children who require special educational treatment and of providing this, if necessary, from the age of two years.

For the purpose of the Education Act, there are ten categories of handicap:

Blind	Educationally Subnormal
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Hearing	Physically Handicapped
Delicate	Speech Defective

A "Register of Handicapped Pupils" is maintained in the School Health Service Section. Children suffering from obvious handicaps such as total deafness, severe physical disabilities, etc., are discovered long before they reach school age and Health Visitors keep them continually under observation. The need for early discovery must be stressed and parents, family doctors, school medical officers, health visitors and teachers should refer any child thought to be suffering from a handicap so that assessment and any special educational treatment or training may be decided upon without harmful delay. Consultant Paediatricians advise the School Health Service about any handicapped children who are under their care.

During 1972, pupils ascertained by School Medical Officers under the Handicapped Pupils and School Health Service Regulations numbered 288, and a summary of the findings and recommendations to the Local Education Authority is given below. In addition 1,216 children found to be speech defective were brought under treatment by the Speech Therapists whilst a further 2,490 examinations were carried out at the Medical Audiology Clinics as a result of which 483 recommendations and referrals were made.

Some 694 children were under treatment at Child Guidance Clinics during the year and fuller details are contained in the report of Dr. D.R. Benady, Consultant Child Psychiatrist, on page 47.

HANDICAPPED PUPILS

Category	Pupils Specially Examined	Special Educational Treatment Recommended					Reported to Local Health Authority		Other Recommendations	
		Extra Tuition (In Ordinary School)	In Ordinary School	In Special Day Class	In Special School	Home Tuition	Suitable for education at school for mentally handicapped	Friendly supervision on leaving school	Admission to Adult Training Centre	Admission to Nursery School, Assessment Centre, Special Care Unit & Schools for Maladjusted
Blind	1	–	–	–	1	–	–	–	–	–
Partially Sighted	1	–	–	–	1	–	–	–	–	–
*Deaf	3	–	–	–	3	–	–	–	–	–
Partially Hearing	6	–	–	6	–	–	–	–	–	–
Delicate	3	–	–	–	3	–	–	–	–	–
Educationally Subnormal	235	6	11	73	49	–	38	38	7	13
Epileptic	–	–	–	–	–	–	–	–	–	–
Physically Handicapped	39	–	–	–	25	14	–	–	–	–
TOTAL	288	6	11	79	82	14	38	38	7	13

*All children suspected of being deaf or partially hearing are now dealt with not by the individual School Medical Officer but by a Specialist Audiology Team, whose recommendations are referred to on page 41.

As well, the Medical Officers, also carried out a further 656 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school, free milk on medical recommendation, the review of home tuition cases, fitness for school, friendly supervision and foster child examinations, completion of application forms and medical reports requested by Youth Employment officers.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers during the period 1962 to 1972.

	(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially hearing (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Physically handicapped		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	TOTAL
Examined :									
1962	2	2	—	3	21	247	1	22	298
1963	—	3	1	2	15	252	6	21	300
1964	3	3	—	—	26	292	9	18	351
1965	2	2	—	3	16	268	—	36	327
1966	—	3	2	5	21	236	6	39	312
1967	3	6	—	1	17	279	2	28	336
1968	3	—	—	4	15	294	1	31	348
1969	4	4	1	3	9	277	—	40	338
1970	2	2	1	10	11	225	1	32	284
1971	2	4	–	6	1	219	1	43	276
1972	1	1	3	6	3	235	–	39	288
Recommended for Special School :									
1962	2	2	—	3	16	52	1	10	86
1963	—	3	1	2	11	43	5	8	73
1964	3	3	—	—	17	51	6	3	83
1965	2	2	—	3	11	68	—	23	109
1966	—	3	2	5	10	45	3	24	92
1967	3	6	—	1	13	60	2	19	104
1968	3	—	—	4	10	60	1	15	93
1969	4	4	1	3	7	64	—	26	109
1970	2	2	–	–	6	45	1	17	73
1971	2	4	–	–	1	36	1	32	76
1972	1	1	3	—	3	49	–	25	82

Blind.—One child was ascertained during the year as requiring special educational treatment in a school for the blind and there are now eight children attending special schools for blind children. (Three boarders and five day pupils).

Partially Sighted.—One child was ascertained during the year as requiring special educational treatment and there are now ten partially-sighted pupils attending special schools (seven boarders and three day pupils).

Deaf/Partially Hearing.—All children suspected of being deaf or partially-hearing are dealt with not by the individual school medical officer but by a specialist audiology team. A special report on these handicaps and recommendations made in this connection will be found on page 36.
There are now five deaf children attending special schools as boarders.

Physically Handicapped.—The majority of these children who suffer from physical handicaps of varying degrees of severity, attend ordinary schools and any necessary special arrangements are

made. Special transport to and from school is provided by the education authority for any child who on account of physical handicap, injury, acute or chronic ill health, etc. is considered unfit to attend school by other means. At the end of the year, 157 pupils were receiving special transport on medical grounds. There are now 97 physically handicapped pupils attending special schools (27 boarders and 70 day pupils).

Where the disability is so great as to preclude attendance at either ordinary or special schools or where the pupils are undergoing temporary periods of medical treatment at home, the Education Authority provide home tuition. Each child is examined by the School Medical Officer to ensure that home tuition is necessary on medical grounds and is kept under review to ascertain when resumption of attendance at the ordinary school is desirable. Hours of tuition provided weekly vary according to the needs of individual pupils and at the end of 1972, 14 pupils were being provided with home tuition .

During 1972 some 39 new cases were assessed as physically handicapped and of this total 25 were recommended for admission to a special school and 14 for home tuition.

Delicate.—The majority of children in this category, which includes diabetic children as well as children suffering from asthma and other chest conditions, are placed in residential schools as a change of environment for a prolonged period—often six months is recommended—on medical and sometimes on social grounds.

Three new cases were assessed as delicate pupils in 1972 and at the end of the year, 7 children were in attendance at special school as boarders.

Epileptic.—The great majority of children suffering from epilepsy are able with adequate treatment to continue to attend ordinary school with minor restrictions on their activities. Occasionally the disability is sufficiently severe to warrant admission to a special school for epileptics and 4 pupils were receiving such education at the end of the year. (3 boarders and 1 day pupil).

Maladjusted.—At the end of the year, 50 maladjusted pupils were receiving educational treatment in special schools. (44 boarders and 6 day pupils). A report on the Child Guidance Service by Dr. D.R. Benady, Consultant Children's Psychiatrist, appears on page 47.

Speech Defective.—At the end of the year 2 pupils were in attendance at a special school for speech defective children. A report on the Speech Therapy Service appears on page 33.

Educationally Sub-Normal.—This is by far the biggest single group of pupils in need of special educational facilities and during 1972,of 235 such children who were referred for assessment to the School Medical Officers and Educational Psychologists on account of lack of progress in the ordinary school or for supervision on leaving school, the following recommendations were made:—

Special Educational Treatment:	
Ordinary School	11
Special Day Class	73
Special School	49
Extra Tuition at Ordinary School	6
Suitable for education at school for Mentally Handicapped	38
Friendly supervision on leaving school	38
Adult Training Centre	7
Other Special Schools and Units	13

The following existing provision for educationally subnormal children has been made by the Local Education Authority:

Special Schools (Residential, all ages):
Petton Hall for Boys (90 places)
Haughton Hall for Girls (72 places)
(18–20 places reserved for girls from Herefordshire which has no residential school for girls)

Units attached to Ordinary Schools (Age range 8–11 years):

Oswestry, Woodside County Primary	(15 places)
Shrewsbury, St. Michael's Street County Primary	(30 places)
Ketley Town County Junior	(15 places)
Pool Hill County Junior	(15 places)
Ludlow, St. Laurence C.E. Junior	(15 places)
Market Drayton County Junior	(15 places)
(Age range 11–16 years):	
Shrewsbury, Belvidere Boys' Modern	(15 places)
Shrewsbury, Monkmoor Girls' Modern	(15 places)
St. Martin's Modern	(15 places)
Trench Boys Modern	(15 places)
Ludlow Modern	(15 places)
Wrockwardine Wood Girls' Modern	(15 places)
The Grove, Market Drayton	(15 places)

The total number of places available for Shropshire children is approximately 162 residential and 210 day places.

The Peripatetic Remedial Teaching Service is now established as a branch of the Special Education Services provided for handicapped children.

The Remedial Teachers (7 staff with whole-time equivalent of 6.6 teachers) work in liaison with the Primary School Advisers and under the supervision of one of the Educational Psychologists. Preliminary surveys are carried out in groups of schools and a programme of remedial work is drawn up. Schools within the group are visited regularly by the Remedial Teachers and the retarded children are withdrawn from classes to receive special tuition. They work closely with Class Teachers and the needs of individual children are discussed so that even when the Remedial Teacher is not present the Class Teachers are able to continue the remedial work.

Provision for Mentally Handicapped Children.—The Education (Handicapped Children) Act 1970 brought within the educational system on 1st April, 1971 all those children previously deemed to be unsuitable for education in ordinary schools. In effect this meant that the responsibility for Junior Training Centres—Shrewsbury Junior Training Centre (now Robert Clive School) and Wellington Junior Training Centre (now Charles Darwin School) passed from the Health to the Education Committee.

Under the Act, the Education Authority has a statutory responsibility to make suitable provision for any child capable of responding to any form of educational stimulus. This has meant increased demand for home tuition. The Education Authority is under pressure for the provision of suitable accommodation for profoundly handicapped children, as the Stirchley School (with provision for 60 places, including 30 boarders) will not be available until September, 1973.

Provision for severely educationally sub-normal (mentally handicapped) children in the County is as follows: (number on roll in brackets)

Robert Clive School, Shrewsbury	80	(89)
Charles Darwin School, Wellington	40	(48)
Donnington Unit	20	(21)
Whitchurch Unit	20	(17)
	160	(175)

In November 1972 the number of severely sub-normal children between the ages of 4 and 16 whose parents live in Shropshire was 255 and they are distributed as follows:-

Placed in Shropshire schools or units	175
Placed in Out-County schools	3
Home tuition	1
In Hospital or Nursing Home	47
At home	18
Awaiting placement	11
	255

Lea Castle Hospital, Kidderminster (for severely sub-normal children)
Prior to admission to this Hospital, Dr. G.B. Simon, Medical Director and Consultant Psychiatrist from the Hospital, sees patients at monthly Clinics attended by Dr. W. Rhys Jones, Senior Medical Officer and a member of the clerical staff of the Child Health Section, at Shrewsbury Adult Training Centre. This Clinic is, in effect, an out-patient Clinic of Lea Castle Hospital and on average 15 patients are seen at each session.

Stallington Hall Hospital, Blythe Bridge, Stoke on Trent (for severely sub-normal children)
Prior to admission, patients are seen by Dr. Surawy, Consultant Psychiatrist at the Hospital. At the time of writing this report arrangements had been made for Dr. Surawy to hold a monthly Clinic Wellington Health Centre, on the same lines as the one organised by Dr. Simon. Dr. W. Rhys Jones and a member of the clerical staff of the Child Health Section will attend this Clinic.

Loppington House, Wem
This is a residential nursing home in the County which provides for 110 severely sub-normal children needing full nursing care. The age of the children is 0—12 years. The majority of them have been placed in the nursing home by the Birmingham Regional Hospital Board or the Social Services Departments of other local Authorities.

There are a number of children who are at present not accommodated in schools. The majority of these are in hospitals for the sub-normal, some at Loppington House, Wem, and some at home. These children are too severely handicapped mentally or physically or both, or too disturbed to be catered for in schools as at present staffed or equipped. As a result of a review of all cases of children in the County under the age of 12 who chould be considered suitable for attendance at a day special care unit, it was ascertained that there were approximately 40 such children.

The Spastic Society in co-operation with the Shropshire Spastic Society are prepared to build a special care unit to be attached to the Robert Clive School, Shrewsbury, if the Authority would be prepared to take over the unit and staff it on a fully professional basis. The cost of the unit would be £45,000—£50,000 and it would cater for some 25 children. The Society would meet the full capital cost with the exception of Architects' fees and it has been agreed that the Authority would undertake the cost of running the unit and providing the Architects' services, since the building would have to be closely associated with the Robert Clive School and it would be more satisfactory if the design work could be undertaken by the County Architect.

Enuresis.—In June 1971 in view of the increasing demand which had been made upon the staff of the Child Guidance Clinic and the fact that in many of the cases being referred to the clinic, there was no underlying factor of emotional disturbance, it was decided that responsibility for visiting patients suffering from Enuresis and issuing Enurex Alarm Units should be undertaken by Health Visitors and School Nurses of the County Health Department. Dr. D.R. Benady, Consultant Child Psychiatrist, is continuing to see any cases with special problems requiring psychiatric investigation and treatment.

The School Health Service maintains a supply of Units for issue to children (on loan) and in 1972, some 302 sets were issued to school child Enuretics. The majority of the cases are aged 7 years or over, experience showing that results are unsatisfactory in the majority of cases below this age group owing to the lack of co-operation.

The Health Visitors and School Nurses deliver the Units and P.V.C. pads to parents, explain their use and give any necessary advice and guidance. The nursing staff supervise progress and are responsible for reporting on treatment and the return of the units to the County Health Department at the conclusion of treatment. The average period for which a set is retained in use is approximately two months.

Cases are referred from both general medical practitioners and School Medical Officers.

Home Visiting By School Medical Officers.—The School Medical Officers visit children whose names appear on lists of handicapped pupils resident in their areas in order to give any necessary advice and guidance to parents. Often cases have to be referred to the Central Office for advice and discussion.

Laterly, visits have been carried out on a selective basis and generally restricted to children in the 0-5 years age range. Children over the age of 5 should normally be seen by the School Medical Officer in school conditions although there may be the occasional case where a child of school age but not attending school, was still required to be visited by a medical officer.

Health Visitors are provided with copies of all hospital notifications for discharge, consultant's reports relating to children age 0-5 years so that they may supervise these children and refer them to local Child Health Centres if circumstances are such that they should be seen by the Clinic Medical Officer.

Drs. Barker and Nankivell (the latter Medical Officer left the Council's service at the end of the year) spent during the year approximately four and one half–day sessions per week respectively on home visiting. Sometimes accompanied by Miss M.E. Evans, the Social Worker, the doctors visited the homes of very young handicapped children to examine and assess them to discuss the question of their educational future with parents and to give help and guidance in the management of their children. Details of the young children who were considered suitable for attendance at the Katharine Elliot School or the Thomas Parker School for Handicapped Children (referred to on pages 14 and 15 of this Report) are passed to the Chief Education Officer. Mr. Dolphin as Acting Principal of the Katharine Elliot School and Miss B.J. Pope, Principal of the Thomas Parker School, also visited with Miss Evans the homes of all those children who attend the schools concerned, or are recommended for future admission.

During 1972 the Medical Officers made a total of 484 visits to the homes of handicapped children in the County.

Supervision of School Leavers.—A new Employment Medical Advisory Service (E.M.A.S.) has been set up within the Department of Employment under the Employment Medical Advisory Service Act, 1972. This Advisory Service will be responsible for a new selective system for giving medical advice and supervision where necessary to young people entering employment. It will take the place of the former routine initial and annual medical examination of young people under 18 in employment, subject to the Factories Act carried out by the appointed Factory Doctor System now discontinued.

The new arrangement will be based on the existing forms (now somewhat modified) referred to below and will depend on close co-operation between School Medical Officers, Careers Officers and Employment Medical Advisers.

Form Y.9.– Completed by School Medical Officers in respect of any child examined at the school leavers' examination and found to have a medical condition affecting the pupils' choice of work.

Form Y.10.–Completed by School Medical Officers at school leavers' medical examination for any pupil substantially handicapped. This form requires the parent's signature.

Neither of these forms is completed for pupils whose health is not expected to affect the choice of employment.

When examining School Medical Officers return the appropriate Forms Y.9 or Y.10 as the case may be to the County Health Department, copies are circulated to the Principal Careers Officer, the Family Doctor and the Employment Medical Advisory Service Medical Officer.

These arrangements emphasise the value of the work which School Medical Officers perform in identifying school leavers, who are not unconditionally fit for employment and advising Careers Officers of them. The practical success of these arrangements is, of course, dependent upon the development of good working relationships between all involved.

Handicapped pupils are also encouraged to enrol in the Register of Disabled Persons and to obtain from the Ministry of Labour, sheltered employment and also special educational training open to registered and disabled persons. The completion of Form Y.10 ensures that a child is given the benefit of this scheme.

Special arrangement exists to deal with the problem of after-care for pupils leaving Petton Hall or Haughton Hall Residential Schools, and the Social Officers and Youth Employment Officers do, in suitable cases, visit the Special Schools before the children actually leave. Each case is then followed up at home to ensure that the child settles down in his/her employment and becomes satisfactorily adjusted to post-school life.

In order that handicapped children may be kept constantly under review in the twelve months preceding the school leaving and during the following five years, an After-Care Committee co-ordinates the efforts of the various bodies concerned, namely, the Education, Health and Social Services Departments and the Ministry of Labour's Rehabilitation and Youth Employment Service.

SCHOOL REPORT OF THE PRINCIPAL DENTAL OFFICER

The numbers of Dental Surgeons and Ancillaries on the staff, remained stable and there was a slight increase in numbers. This is apparently very much against the national trend where some Local Authorities are having difficulty retaining staff.

At the end of 1972 there was a whole time equivalent of 11.9 Dental Surgeons and 5.8 Ancillaries, compared with 10.9 Dental Surgeons and 5.4 Ancillaries at the end of 1971. A favourable situation, although we are still 4 short of a full establishment of Dental Surgeons.

This satisfactory state of affairs has enabled us to inspect and re-inspect 30,709 children, including those inspected for survey purposes, plus 717 under school age children and 163 expectant and nursing mothers. I would like to see more inspections carried out, but such is the need for treatment that each child requires, on an average, 4 visits to achieve an acceptable level of dental fitness. In addition to the increase in work output we have also been able to continue our large survey programme.

Approaches have been made to certain Head Teachers of Infant and Junior Schools to explore ways and means of promoting dental health information through school curriculum on a regular, but "low key" basis. Just what are the possibilities of introducing the information into such subjects as mathematics, geography, etc.? What are the possibilities of the children themselves devising dental health programmes? How do children see the potential or shortcomings of the present method of dental health education? This exercise has been most encouraging for after all they are the ones most affected. It is hoped that the ideal of dental health will become second nature to children in the Infant and Junior age groups, so that it will remain with them all their lives.

Material and ideas have already been produced by children and it is hoped to incorporate these in future programmes and to establish much closer liaison with the children and teachers in these schools. Simplified computer data and computer produced maps will, in the future, be supplied to all Teachers of schools surveyed and to other schools to help Teachers appreciate the problem of dental disease on a communicative basis. In this way, it is hoped to encourage them to help with the Tuck Shop problem by inducing a spirit of competition.

Work is progressing on the new Health Centres at Oswestry and Market Drayton which will provide a much needed modern accommodation in these areas. Fluoridation in Shropshire still seems to be a pipe dream - a fact that is to be strongly deplored.

Work done during the year (these figures include those relating to the Mobile Units):

Attendances and Treatment :	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First Visit	5,009	4,192	1,148	10,349
Subsequent visits	13,147	13,280	3,630	30,057
Total visits	18,156	17,472	4,778	40,406
Additional courses of treatment commenced	767	516	142	1,425
Total Courses commenced.	5,776	4,708	1,290	11,774
Courses completed	–	–	–	10,012
Fillings in permanent teeth	8,095	16,711	5,308	30,114
Fillings in deciduous teeth	11,738	985	–	12,723
Permanent teeth filled	5,678	13,243	4,482	23,403
Deciduous teeth filled	10,168	867	–	11,035
Permanent teeth extracted	395	2,085	557	3,037
Deciduous teeth extracted	6,718	1,934	–	8,658
General anaesthetics	2,042	1,091	162	3,295
Emergencies	695	468	141	1,304
Number of Pupils X-rayed				769
Prophylaxis				4,309
Teeth otherwise conserved				1,265
Number of teeth root filled				112
Inlays				5
Crowns				88
Splints				19
Gold posts				1
Gold Crowns				11
Chrome Plates				19

Orthodontics :

New cases commenced during year	256
Cases completed during year	236
Cases discontinued during year	29
Number of removable appliances fitted	518
Number of fixed appliances fitted	72
Pupils referred to Hospital Consultant	9

Prosthetics :	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	–	1	6	7
Pupils supplied with other dentures (first time)	11	73	37	121
Number of dentures supplied	11	74	43	128
Number of dentures supplied (first or subsequent time)	9	75	51	135

Anaesthetics :

General Anaesthetics administered by Dental Officers	213

Inspections :

(*a*) First Inspection at school. Number of Pupils	14,166
(*b*) First Inspection at clinic. Number of Pupils	9,612
Number of (*a*) + (*b*) found to require treatment	16,492
Number of (*a*) + (*b*) offered treatment	15,180
(*c*) Pupils re-inspected at school or clinic	2,880
Number of (*c*) found to require treatment	1,789

Sessions :

Sessions devoted to treatment	6,475
Sessions devoted to inspection	160
Sessions devoted to Dental Health Education	9

	Administrative sessions	Number of clinical sessions worked in the year					Total Sessions
		School Service			M. & C.W. Service		
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (incl. P.S.D.O.)	383	160	4,086	4	246	*	4,879
Dental Auxiliaries			2,007	1	92	*	2,100
Dental Hygienists			382	4	6	*	392
Total	383	160	6,475	9	344	*	7,371

* Although no specific figures are available Dental Officers, Dental Auxiliaries and Dental Hygienists give Dental Health Education as the occasion arises in their duties.

The following Dental Health Education work was carried out during 1972:—
9 talks to 339 pupils

DENTAL AUXILIARIES

	Ages 5–9	Ages 10–14	Ages 15 and over	Total
VISITS (for treatment only)				
First visit in the calendar year	679	374	94	1,147
Subsequent visit	5,235	2,883	535	8,653
Total visits	5,914	3,257	629	9,800
COURSES OF TREATMENT				
Additional courses commenced	42	6	5	53
Total courses commenced	721	380	99	1,200
Courses completed				2,325
TREATMENT				
Fillings in permanent teeth	3,573	4,532	1,016	9,121
Fillings in deciduous teeth	4,895	294		5,189
Permanent teeth filled	2,392	3,473	824	6,689
Deciduous teeth filled	4,189	257		4,446
Deciduous teeth extracted	222	98		320
Prophylaxis				599

DENTAL HYGIENISTS

VISITS (for treatment only)

	Ages 5–9	Ages 10–14	Ages 15 and over	Total
First visit in the calendar year	509	761	133	1,403
Subsequent visit	281	497	138	916
Total visits	790	1,258	271	2,319

COURSES OF TREATMENT

Additional courses commenced	–	–	–	–
Total courses commenced	509	761	133	1,403
Courses completed				2,152

TREATMENT

Prophylaxis				2,309

Under the provisions of Section 78 of the Education Act, 1944, all the pupils (approximately 90) of Condover Hall School for the Blind were dentally examined and treatment carried out as necessary.

C.D. CLARKE, *Principal Dental Officer.*

SPEECH THERAPY

"In the 1971 Annual Report, mention was **made** of attempts being made to persuade Speech Therapists resident in the County to do some sessional work, if their family circumstances allowed for this. The results were good. Mrs. Baillie, Mrs. Blackmore, Mrs. Bottomley, Mrs. Inglis and Mrs. May commenced on a part-time basis. We were also fortunate in further increasing the staff by appointing Mrs. Bolton and Mrs. Wall as full-time Senior Speech Therapists. The year 1972 was in fact one of those extremely rare years during which there were no resignations.

The staff at the end of 1972 comprised:-

Principal Speech Therapist	1
Senior Speech Therapist (whole-time)	3
Speech Therapist (2.4 equivalent in whole-time Speech Therapist)	7

At the time of writing it is known that one of the Senior Speech Therapists will be resigning early in the year and, because of the nature of their husbands' employment, it can be expected that others will not remain with us very long. Of the part-time Therapists, three are not car-drivers and, therefore, need to be employed near their homes. Only three of the part-time Therapists live near large centres of population. So, although the present staffing situation is fairly good, it is still quite impossible to match the demands made on the Service.

Parents, Teachers and Doctors can, and indeed do, make demands that a particular child or group of children with whom they are particularly concerned is in fact a special case and warrants immediate priority treatment - all others can move further down on the waiting list! A very large group of handicapped children could possibly benefit from speech therapy for the whole of their school life, but it is not practical to provide.

Some children will never make any improvement, some will make only minimal progress, a great number will improve rapidly; it, therefore, becomes apparent that decisions made on patient selection irritate some interested parties but please others. It has been suggested that language machines and other electronic aids could be purchased to take the place of Therapists, but this equipment needs a Therapist to provide a programme and supervise working. There is no good substitute for a good parent/home background, nor for a good Speech Therapist, and in a vast majority of cases best results are obtained in a one for one Therapist/Patient basis.

The Quirk Report on Speech Therapy, **pub**lished by Her Majesty's Government at the end of the year, is well worth reading and one of the recommendations made could help the situation, particularly in Special Schools. This is the suggestion that there should be local training and use of persons as "Speech Therapist Aides"; properly developed and with a staff of the right calibre, this scheme could be of great benefit."

At the end of 1972 Speech Therapy Clinics were being held at the following Centres:

	Morning	Afternoon	Evening
Monday	Oswestry C.H.C. Wellington C.H.C. Whitchurch C.H.C. Robert Clive School	Market Drayton C.H.C. Oswestry C.H.C. Ludlow County Infant School Wellington C.H.C.	
Tuesday	Katharine Elliot School Murivance C.H.C. Thomas Parker School	Eye, Ear and Throat Hospital Murivance C.H.C. Katharine Elliot School	Eye, Ear and Throat Hospital
Wednesday	Sutton Hill C.H.C. Oakengates C.H.C. Madeley C.H.C. Petton Hall School Donnington Wood Infants' School Teagues Bridge Infants School Ellesmere C.H.C.	Shifnal County Primary School Shropshire Orthopaedic Hospital Dawley C.H.C. Oakengates C.H.C. Petton Hall School	
Thursday	Murivance C.H.C. Ludlow C.H.C. Sutton Hill C.H.C.	Albrighton County Infant and C.E. Junior Schools Eye, Ear and Throat Hospital Ludlow C.H.C. Thomas Parker School	
Friday	Condover Hall Robert Clive School Bridgnorth C.H.C. Wem C.H.C.	East Hamlet (Ludlow)	

The following table gives particulars of the conditions which necessitated attendance of 1,216 children who were given speech therapy during 1972:

Condition	Cases discharged during year	On Register 31st December
Stammer	35	47
Cleft palate	2	36
Severe dyslalia	17	37
Nasality + or —	6	39
Dyslalia	301	318
Voice defect	1	2
Mongolism	21	3
Non-communicating	3	13
Partially hearing	2	2
Educational Subnormality . ..	18	44
Dysarthria	9	9
Mixed defect	14	34
Dysphasia	12	4
Severe Educational Subnormality	12	52
Language defect	37	52
Assessed - No treatment advised	34	—
TOTAL	524	692

CASES TREATED

On Register 1st January	New Cases during year	Cases discharged during year	On Register 31st December
639	577	524	692

CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit from further treatment			Referred to Other Services	TOTAL
		Slightly Improved	Unimproved	Left School or Ceased		
208	85	18	8	164	41	524

In a small number of cases, discharge is temporary and children can attend later for further treatment.

In addition:

3 children attend for treatment from 2 neighbouring Counties.
316 children made single visits to Centres for advice.
141 visits were made to individual homes.
171 visits were made to schools to see children and discuss cases with teachers.

In all, 1,216 children having regular treatment in the County made a total of 5,957 attendances.

E. PAULETT,

Principal Speech Therapist.

AUDIOLOGY

In February an in-service training course was held for one week during which a number of Health Visitors and Medical Officers were introduced to the basic requirements of audiological work with children. During the remaining months of the year there were the inevitable movements of staff and at the time of writing,the audiology team consists of:—

Audiologist	1
Medical Officers	7
Nursing Staff	18
Audio/Vision Testers	3

The sixth annual day course for parents of hearing impaired children was held in September. Twenty families came from Shropshire and two from Montgomeryshire, making a total of 35 adults and 42 children; in addition 45 members of staff and other interested persons were present. The children were cared for at the Robert Clive School in Shrewsbury whilst the parents spent the day next door at the Wilfred Owen School for lectures and meals. Dr. L.A. Hamar, Chairman of the Health Committee took the chair for each session and the speakers were:—

Mrs. Freddy Bloom, O.B.E., Vice-President of the National Deaf Children's Society
Mr. Alan Huntingdon, Senior Research Associate, Department of Audiology, University of Manchester
Mr. Tony Rowe, Hon. Secretary, National Deaf Children's Society (Shropshire Region).

This meeting was one of the most interesting and entertaining that has been held, both Mrs. Bloom and Mr. Rowe were able to give the viewpoints, experiences and state the priorities as parents of deaf children. Mr. Huntingdon gave a well illustrated and useful talk on how much hearing aids can help.

The third event organised in 1973 by the audiology section was devoted to Noise and Stress, this was held on behalf of the Shropshire Standing Conference on Mental Health. It was well attended, not only by lay persons from Shropshire but by professional staff from many parts of England and Wales. The speakers were:—

Dr. M.F. a'Brook, Consultant Psychiatrist, St. Andrew's Hospital, Northampton
Mr. G. Holmes, Chief Public Health Inspector, Royal Borough of New Windsor
Wing Commander N. Vincenti, Senior Specialist in Otorhinolaryngology, R.A.F. Hospital, Cosford
Mr. D.R. King, Senior Assistant Solicitor, Salop County Council
Mr. E. Paulett, Audiologist, Salop County Council.

In April the Audiologist was invited to give a lecture on paedo-audiology to Medical Officers and General Practitioners attending a Developmental Paediatric Seminar at Derby. At the request of Professor Neville Butler a joint symposium with Dr. Mary Sheridan was also given at a Course on Developmental Aspects of Children's Medicine held at the University of Bristol in September. During the year the audiologist also gave talks to teachers, school children, parent-teacher associations, Rotary Clubs, Ladies Clubs, Social Clubs, etc. Visits were also made to Keele University; Mary Hare Grammar School for Deaf Children at Newbury; Ewing School for non-communicating children at Manchester; a day course for parents at Hereford and the R.N.I.D. Conference at Harrogate.

The film 'Audiology with Children' and the book 'Hearing Loss', both produced by this Department are still maintaining a steady demand from all over Britain and other parts of the world.

There is very close liaison with the Education Department on all matters concerning deaf children and throughout the year the Audiologist and Teachers of the Deaf from the Units at Coleham, Meole and Shifnal make consultation visits to the parents of all the children attending these Partially Hearing Units. These visits are sometimes made in the evening in order to have father present. Visits by the Audiologist and Peripatetic Teacher of the Deaf are also made during the vacations to all the children home from Residential Schools for the Deaf.

Parents do not always realise how much concern is shown for their hearing impaired children in this County. This attention is given from the time of diagnosis at a few months of age right through to beyond school leaving age. Most support is necessary in the early years and counselling is given not only by the Audiologist and Peripatetic Teacher of the Deaf but also by other parents in an attempt to overcome the frequently found distress, bewilderment and feelings of guilt. During the year, five "deaf and dumb" parents had babies and in two of these cases the infant was found to be profoundly deaf.

An interesting occupational health investigation has continued concerning the hearing of a group of quarry workers exposed to excessively high levels of noise pollution. In each case the individual has been found to have either a marked hearing loss or signs indicating oncoming "noise deafness".

Infant Hearing Test.—The number of babies tested was 3,945 the results of hearing tests being summarised below:—

HEARING TESTS PERFORMED ON BABIES

Number Referred		Number Tested	Number Passing	Number for Re-Test	Number referred to Audiologist
New Cases	6,263	3,945	3,728	208	9
Re-test Cases	216	141	119	13	9
TOTAL	6,479	4,086	3,847	221	18

Of the new appointments given for tests 63% were accepted, and of those failing the test the first time only 65.3% came for a re-test. These figures show that there is a long way to go before we are confident that very few babies are slipping through the screening net.

As reported in 1970 the testing of visual acuity in babies by means of the "rolling balls" test was discontinued, but observation for squint still remains a part of the routine procedure during the screening of hearing test for babies.

OBSERVATION OF SQUINT

Number Referred	Number Tested	Number Passing	Unconfirmed diagnosis of squint
(new cases) 6,263	3,945	3,579	366

This shows an incidence of suspected squint in 9.3% of the children originally tested. A break-down of the 366 cases shows that:—

58 Were already under treatment by an Ophthalmic Consultant
93 Were referred to an Ophthalmic Consultant by Clinic Medical Officer
8 Were referred to the family doctor by Clinic Medical Officer
56 Still under observation by Clinic Medical Officer
124 Had no squint diagnosed by Clinic Medical Officer
8 Failed to attend for further tests
11 Are awaiting an appointment at a Child Health Clinic
8 No information available at present

Of the 93 children referred to the Ophthalmic Consultant it was found that:—

5 Suffered from squint
41 Squint not diagnosed but being kept under review
9 No squint. Discharged from hospital
37 Awaiting hospital appointment
1 Left County

Infants between the ages of 1–5 years are still referred by parents, doctors and Health Visitors and the results of tests performed on 212 of these is shown in the following table:—

INFANT HEARING TESTS PERFORMED

Number Referred		No. Tested	No. Passed	Failed or did not co-operate		
				For Re-test	For Audiologist	For Dr.'s Clinic
New Cases	348	212	151	30	27	4
First Re-test	56	37	25	2	8	2
Subsequent and review cases	3	1	1	–	–	–
TOTAL	407	250	177	32	35	6

It is interesting to note that with this age group of children, the attendance rate is 61.4%.

The following are particulars of home visits to children under 5 years which the Audiologist and Health Visitor carried out during the year:—

243 Home visits by Audiologist
227 children seen:—

Discharged	104
Referred to Hearing Assessment Clinic	30
Referred to Medical Audiology Clinic	12
Referred to Infant Hearing Testing Clinic	2
Retest by Audiologist	79
	227

Sweep Frequency Testing

SWEEP FREQUENCY TESTS PERFORMED

Number of Schools Visited	Number Tested	Normal	(25/30db loss) Surveillance at school	(30db + loss) Hearing Suspect
161	11,551	10,199	656	696

These screening tests of hearing are given in conjunction with a test of vision and are carried out by the three audiometrician/vision testers prior to school Medical Inspections. The table above shows a failure rate of 6.0%. The children who fail the test are referred to a Medical Audiology Clinic. The results of the vision tests are shown on pages 7 and 8. It will be noted that the number of vision tests carried out by the 3 Audiometrician/Vision Testers during the year amounted to 21,267 compared with only 11,551 hearing tests. This is due to the fact that although combined vision/hearing tests are carried out in respect of Primary School children at 5 and 7 years respectively, vision testing only is carried out in secondary schools all pupils in 11 and 14 year age groups being tested. When the staffing situation allows it is proposed to extend hearing testing to include the 11 year age group.

Results of Tests at Medical Audiology Clinics

Referred by	Cases	No. Referred	No. Tested Age Groups: Under 5	Primary	Secondary	Discharged	Type of Hearing Loss—For Review: Slight	Mild	Marked	Severe	Extreme	Not Classified	Total New Cases	Total Review Cases
Sweep Test	New	692	–	508	7	158	311	29	11	–	–	6	515	–
	Review	912	1	543	120	182	400	58	20	–	–	4	–	664
School Medical Officer	New	300	4	142	65	98	89	13	5	–	–	6	211	–
	Review	219	–	88	57	46	80	11	6	–	–	2	–	145
Family Doctor.. ..	New	116	5	74	4	21	50	5	2	–	–	5	83	–
	Review	142	2	92	15	33	60	9	3	–	–	4	–	109
Health Visitor/School Nurse	New	60	2	44	3	13	26	8	1	–	–	1	49	–
	Review	100	–	61	14	17	46	11	1	–	–	–	–	75
2 H.P. Case	New	47	–	23	3	19	4	1	–	–	–	2	26	–
	Review	14	–	5	4	2	6	–	–	–	–	1	–	9
Deaf Teacher	New	4	–	3	1	1	1	–	2	–	–	–	4	–
	Review	11	–	4	6	3	4	–	3	–	–	–	–	10
Head	New	40	–	27	4	17	11	2	1	–	–	–	31	–
	Review	38	–	23	4	7	16	3	1	–	–	–	–	27
Speech Therapist ..	New	35	3	17	–	13	5	–	–	–	–	2	20	–
	Review	26	1	12	5	3	11	2	1	–	–	1	–	18
Aural Surgeon	New	69	1	39	8	13	34	1	–	–	–	–	48	–
	Review	151	–	85	25	23	68	11	2	2	–	4	–	110
Infant Assessment Clinic..	New	18	9	6	–	3	10	1	–	–	–	1	15	–
	Review	76	6	49	1	11	39	2	1	2	–	1	–	56
Parent	New	118	7	85	10	33	54	7	2	–	–	6	102	–
	Review	178	–	112	9	39	69	6	1	–	–	6	–	121
Others	New	27	2	14	4	6	11	–	–	–	–	3	20	–
	Review	33	2	16	4	4	11	4	2	–	–	1	–	22
Totals ..		3,426	45	2,072	373	765	1,416	184	65	4	–	56*	1,124	1,366
			2,490			2,490							2,490	

Medical Audiology Clinics.—In addition to the screening failures mentioned above, other sources of referral include School Medical Officers, Speech Therapists, Head Teachers, Teachers of the Deaf, Child Guidance Clinic, Medical Practitioners, Otologists and other Hospital Specialists.

*This figure includes cases where the Medical Officer was unable to diagnose definitely any permanent hearing loss. The children concerned may, at the time of examination have been suffering from such conditions as colds, catarrh, etc., or have had wax in the ears. In order not to inundate the Otologist with unnecessary referrals these children were called for further investigation before a final decision or recommendation was made.

Following attendance at the above Clinics, of which 319 were held during 1972, with an attendance rate of 73.7% of the new cases, recommendations and referrals were made as follows:—

Recommended to sit in an advantageous position in class	110
Notified to the Head of the School for information and guidance	60
Notified to the Teacher of the Deaf to visit and advise in school	13
Recommended to cease swimming temporarily	5
Referred to—	
—Hearing Assessment Clinic, for a final decision operative treatment, special educational placement or the provision of a hearing aid	225
—Audiologist	9
—Family doctors for treatment	33
—Child Guidance	2
—Educational Psychologist	8
—Speech Therapist	16
—Youth Employment Officer	2

Commercial Hearing Aids.—For certain pupils suffering from specific types of hearing defects, the ordinary National Health Service "Medresco" hearing aid is not entirely suitable, and in such cases, on the recommendation of the Aural Surgeon and the Audiologist, a special commercial hearing aid is provided by this Authority. In 1972, six commercial hearing aids were provided for Shropshire pupils.

Hearing Assessment Clinics.—These are attended by Mr. E.N. Owen, F.R.C.S., Aural Surgeon to the Eye, Ear and Throat Hospital, Shrewsbury, the Audiologist, a Teacher of the Deaf, an Audiology Technician from the Hospital Group, one of the School Medical Officers and one of the specially trained Health Visitors. Those held at R.A.F. Cosford are attended by Group Captain N. Vincenti Senior Specialist in Otorhinolaryngology, a School Medical Officer and the Audiologist.

Each child is thoroughly assessed by the Specialists in attendance and the parents are advised and given any help and guidance required. The family doctor is notified that the child will be attending for assessment and is always advised of the outcome, as are the Head Teacher of the child's school and the Education Department.

In 1972, some 37 Hearing Assessment Clinics were held, 12 of these being at R.A.F. Hospital, Cosford, and 390 appointments were offered. The acceptances were 356, and of these 277 were new cases and 79 called for review, giving an attendance rate of 91.3%. The following recommendations were made:—

Number Referred		Source of Referral	No. Att.	Age Range			Recommendation													
				0–4	5–10	11–18	Hospital Treatment	Family Doctor	Treatment by Nurse	Other Consult-ants	Other Services	Issue of Hearing Aid	Auditory Training	Special care in ordinary School	Admission to Partially Hearing Unit	Admission to Res. Sch. for Deaf	Admission to Special School	Review at Hearing Assessment Clinic	Review at Medical Audiology Clinic	Discharge
New	244	School Medical Officer	229	2	198	29	91	11	–	–	14	6	2	112	—	—	1	27	197	5
Review	76		65	—	50	15	20	—	—	—	1	1	—	31	—	—	—	15	44	6
New	38	Audiologist	35	18	15	2	12	—	—	—	5	7	—	8	2	—	—	8	25	2
Review	14		11	4	7	—	6	—	—	—	2	—	1	1	—	—	—	2	8	1
New	14	Otologist	13	4	8	1	2	—	—	—	1	2	2	4	—	—	—	2	6	5
Review	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New	1	Out-County	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Review	3		3	—	2	1	—	—	—	—	—	1	—	—	—	—	—	—	1	2
Totals New	297		277	24	221	32	105	11	—	—	20	15	4	124	2	—	1	37	228	12
Totals Review	93		79	4	59	16	26	—	—	—	3	2	1	32	—	—	—	17	53	9
	390		356	28	280	48	131	11	—	—	23	17	5	156	2	—	1	54	281	21

Comparison of the figures given in the foregoing tables shows a general increase in the number of children examined but still the fact remains that at the very young age range nearly 40% of babies are not being screened.

Needless to say none of the work that is carried out would be possible without administrative support and I would like to thank Mr. Wakeley, Mr. Higley and the staff in the Child Health Section, as well as my colleagues in the Education Department, for their kind help throughout the year.

E. PAULETT

County Audiologist

PARTIALLY HEARING CHILDREN

Coleham Partially Hearing Unit

Miss R.M. Taylor, Teacher in charge at this Unit who commenced duty on 17th April, 1972 has provided the following report:—

"No. on Roll	Nursery children and infants	Junior	Total
As on 30.4.72	10	9	19
As on 31.12.72	10	6	16

"In July, three children transferred from the Unit to Meole Brace Secondary Modern School. Two of these children (one boy and one girl) went into the Unit for partially hearing children and one boy went into the remedial form. One infant aged 5 years transferred to the Robert Clive School. In September one 3 year—old child was admitted to the Unit.

Hearing Loss

"In December, 1972, number of children whose average loss is in the better ear:—

Age Range	0–30 DB	30–60 DB	60–90 DB	90 DB	Total
3–7 years	–	–	5	5*	10
7–11 years	–	1	3	2	6
Total	–	1	8	7	16

*This figure includes one nursery child not yet tested.

Hearing Aids

"In July, three Maico Windsor Mk III Hearing Aids were purchased by the Health Department for use by three young profoundly deaf pupils. This is for a trial period and periodic checks will be made to see whether or not these children are benefiting from the more powerful amplifications.

"At the same time four Medresco OL58C Aids were obtained from the hearing aid clinic; three of which were to be used by the same profoundly deaf pupils and one was given to a junior child.

"All the children in the unit now have two hearing aids. In the unit as a whole we have:—

OL56	OL57	OL58C	OL67	Maico Windsor Mk.III
8	14	4	3	3

"In May we received delivery of the Peters Mobile Group Aid, which was purchased jointly by the National Deaf Children's Society (Shropshire Region) and the Education Committee. We are grateful to all those who helped in any way to purchase this valuable asset to the Unit.

"We have also received a very generous donation of £350 from I.B.A.'s "Magpie" appeal. We hope to spend this money in the near future on speech trainers which can be operated either from batteries or mains supply.

"Another donation enabled us to purchase a spirit duplicator and a portable electric organ.

Home and School Visits

Home visits have been made by Mr. Paulett, County Audiologist and the teachers in the Unit. By the end of December, each child's home had been visited. We find these visits most valuable. Similarly, two Open mornings have been held at the Unit so that the parents could see the educational progress of their children and discuss any problems concerning their child's education with the teaching staff. It is encouraging to note that we had an almost 100% response from the parents to attend these mornings.

"Mr. Paulett continues to visit the Unit at least once a term for audiometric testing of the children".

Shifnal, St. Andrew's Primary School Partially Hearing Unit

Mrs. J. Ellis, the teacher in charge of this Unit has provided the following report:—

"The Unit comprises eight children in the nursery and infant group in the charge of a teacher who is to be seconded for training next September, and nine in the junior group, in my charge, seconded from Coleham for a year. There has been ancillary help for the infants and for the juniors since last September.

"Judged both on amount of hearing loss and acquisition of language, there are more deaf children than partially hearing, in fact only three now come into the latter category, although one girl was able to return to a hearing school in January. At the same time one boy was transferred to a residential school for the deaf, and two more are being considered for a possible transfer in September.

"At that time one boy will transfer to a secondary modern hearing school, and one probably to the Unit at Meole Brace. One boy from the infants group integrates with a hearing class in the main school as from January, and one from the juniors integrates with the top class every afternoon.

"I hope that two more from my group will be able to integrate for some time in the Summer Term, but if not then, next year. The others by reason of their lack of sufficient intelligible language, severe or profound hearing loss, and retardation in work, are unable to integrate, except for assembly and games and recreation and meal–times. There is a wide range of age, ability, hearing loss and language and speech skills, in both classes but particularly in the juniors, which means that little class or group work is possible. Mornings are spent in work on the three R's and afternoons usually in painting, drawing, model making and other crafts, and educational games, so that I can take individual children for reading and speech training. Infants' work consists of providing as wide a range of activities and experiences as possible, in order to promote language and speech skills - that is really the primary aim in both groups.

"Some television programmes are used as a basis for conversation and writing, and craft work.

"The school mini-bus allows us to take excursions to see places of interest or happenings of topical interest, which again provide opportunities for follow-up work. As the children gradually become more accustomed to my standards, I hope to widen the scope of work they are able to tackle.

"I understand that a new mobile group hearing aid (supplied partly by the Local Education Authority and partly by a voluntary body is to be provided for next term. This has more sophisticated controls than the present deaf-aids and with the more faithful reproduction of sound afforded, I hope to do more, and better, language work."

Unit for Partially Hearing Children, Meole Brace Modern School

Miss F.E.M. Sinclair , Teacher-in-Charge of this Unit reports as follows:–

"There are 13 children in the Unit this year. Three children left the fourth year at Easter and employment was found for them. Two children joined the unit from Coleham P.H.U. and one (the first entrant), from Shifnal P.H.U.

The policy of integration where possible has been pursued and the social standing of the children in the Unit has been increased by this. The staff in the main school are considerate and helpful. The Headmaster is anxious that the children should be treated as normally as possible.

The quiet, shy or severely deaf child is greatly helped by the staff in the remedial department, who favour a policy similar to that of the Unit, - of intensive remedial attention in order to help children enter the main-stream of the school.

Home visits with Mr. Paulett have been maintained during the holidays and consequently, relationships with parents have become easy and natural.

At the beginning of each academic year all new members are invited to the Partially Hearing Unit, where I try to present to them the difficulties encountered by the partially hearing child, by playing the filtered speech tape and relating it to the audiograms of specific children. This has proved a popular meeting and has been attended by members of staff for a second time. All express their appreciation of this help and feel that they understand the children's handicap much better after the meeting.

Last year's school leavers were found suitable employment and it is not anticipated that any difficulties will arise when four more children leave this summer.

Peripatetic Service for Partially Hearing Children

Miss D.G. Pryce, Teacher of the Deaf has provided the following report:–

"During the period from January, 1972 to December, 1972 four teachers have been involved in the Peripatetic Service for the education of the hearing impaired child.

Mrs. C.V. Davies covered the period from January to Easter, Mrs. J.P. Jones and Miss F.E.M. Sinclair the period from Easter to the end of the summer term, both on a part-time basis:– Mrs. Jones for three and

a half days a week and Miss Sinclair for one afternoon a week. I began the peripatetic work on a full-time basis at the beginning of the Autumn Term, and this report covers the period from September to December 1972.

The pre-school children take priority on my visit list and are visited once a week. The children with impaired hearing in normal schools have to fit in around my visits to these children. The most urgent cases in school naturally take precedence, but many children in normal schools need to be visited more frequently and some of the pre-school children would benefit from more than one visit a week.

One of the greatest problems is journey planning to save as much time as possible, while still ensuring that all the urgent cases are visited without too long a delay. During the term I made the following visits:—

Total number of visits to children in normal schools	—	154
Total number of visits to pre-school children	—	56
Total number of visits	—	210

During this three month period there were ten pre-school children in all. Four of these were admitted to partially hearing units as the term progressed and one was admitted to a normal school."

CHILD GUIDANCE SERVICE

Dr. D.R. Benady, Consultant Child Psychiatrist, gives the following account of the work carried out by the Child Guidance Service during 1972:—

"The growth in the population of Telford continues, and the Clinic was fortunate to be able to increase its staff to try to meet the demands. However, like all Health Services, the demand can never be completely met. Mr. Akerman joined us as a Psychologist and an increase in Social Work staff has been approved by the Council.

Dr. Allan obtained a Consultant post in Scotland. Although she only gave four sessions to the Clinic, her special interest in the multiply-handicapped child made her an extremely valuable team member.

Dr. Wilson joined us as our first full-time Senior Registrar as part of the Birmingham Training Scheme. Already an experienced Psychiatrist, her help in the Clinic generally and in Telford in particular, is greatly appreciated.

Total referrals to the Clinic remain fairly constant and so does the treatment load. The dilemma that has always to be faced is the allocation of limited time, whether it is to treatment diagnosis or Consultant advice to our colleagues. We are sorely in need of increased administrative back-up facilities to relieve professional staff of routine work and this point is currently being considered by the County Council.

Child Guidance Clinics remain pioneers in the concept of an integrated approach towards children and family difficulties, an approach which recent Government legislation is trying to organise. Because we are a pioneering agency crossing other agencies' boundaries, one of our roles should be increased in integration and communication with these agencies. This does place a heavy burden on our limited administrative staff who cope valiantly, but always under greatly increasing pressures.

The country's need for the care of adolescents continues to grow without adequate provision. For example, the age at which adolescents are attempting suicide is getting younger and younger, and hardly a week passes without a child being referred for this. Some of these needs could be met by a Hostel or by increased Hospital provisions, both of which although accepted in principle require the means to be willed. Meanwhile, adolescents, their parents and society continue to suffer.

Once again as a Clinic, we have to report our grateful appreciation for the services that the Special Schools offer us as well as all our colleagues in the educational, medical and social spheres".

Summary of work done during 1972

Total number of new referrals	430	
Unco-operative	13	
Awaiting appointments	30	
Left District etc.	12	
Total number of new cases seen:		
375 + 20 awaiting appointments from last year	395	
Old cases re-referred for further help	62	
Treatment cases carried forward from previous years	237	
TOTAL CASE LOAD	694	
Sources of referral:		%
Head Teachers	122	(28.37)
Principal School Medical Officer	50	(11.63)
Parents	25	(5.81)
Consultants and Private Doctors	190	(44.19)
Probation Officers	6	(1.39)
Miscellaneous: e.g. Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	37	(8.61)
Reasons for referral:		
Difficulties in school—either in specific subjects, general behaviour or general attitude to work	37	(8.61)
Nervous conditions such as night terrors, anxiety conditions, stammering and timidity	145	(33.72)
Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy and pilfering	158	(36.75)
Psychosomatic disorders—e.g. asthma, disorders of locomotion, sleep, feeding and evacuation	85	(19.76)
Miscellaneous reasons—vocational guidance, etc.	5	(1.16)
Number of new cases seen by Psychiatrist:		
Diagnostic interviews only (9 passed to psychologists for treatment)	41	
Diagnostic interview and survey (4 passed to psychologists for treatment)	24	
Cases closed during 1972	102	
Taken on for treatment	166	
Treatment load carried forward from previous years	186	
CURRENT TREATMENT LOAD	352	
Number recommended for Maladjusted Schools:		
Trench Hall 1 awaiting admission, 6 subsequently settled in ordinary schools, parents refused consent or moved out of County, 11 admitted during 1972;	18	
Independent Schools (2 not placed: 1 consent withdrawn, 1 unsuitable)	10	
Maintained Schools (1 not yet placed)	1	
Number recommended for:		
Home Tuition	6	
Special Day Unit	2 (1 also receives Home Tuiti	

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. vaccination against Tuberculosis is available, with parental consent, to:

(a) school children in the year preceding their fourteenth birthday;
(b) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education and
(c) whole school classes, which may include a few children under 13 years, for convenience.

The following table gives particulars of schools visited for B.C.G. vaccination purposes during 1972, with comparative figures for 1971.

	Maintained and Grant-aided Schools		Independent Schools		Totals	
	1971	1972	1971	1972	1971	1972
Schools visited	37	31	6	17	43	48
Children tested	3,225	4,187	210	780	3,435	4,967
Reactors—positive	324	298	36	191	360	489
—negative	2,683	3,567	168	566	2,851	4,133
Not read	218	322	6	23	224	345
Children vaccinated	2,602	3,395	166	556	2,768	3,951
Negative reactors not vaccinated	80	172	2	'10	82	182

The following table gives comparative figures in relation to positive reactors found, during the period 1966 to 1972:

Year	Total Read	Positive Reactors	Percentage Positive Reactors
1966 ..	3,893	270	6.94
1967 ..	3,708	193	5.20
1968 ..	3,784	217	5.73
1969 ..	3,820	258	6.75
1970 ..	3,406	324	9.5
1971 ..	3,211	360	11.2
1972 ..	4,622	489	10.6

Also skin-tested during the year were 29 children who had been given B.C.G. vaccination in the past. Of these, 28 revealed positive reactions, and 1 was negative and given B.C.G. vaccination.

The acceptance rate for B.C.G. vaccination for 1972 was 96.09%.

In addition, a special survey was made at one school where children had been in contact with known cases of Tuberculosis:

	Tested	*Positive Reactors*	*Negative Reactors*	*Not Read*
Children (all ages)	411	130	277	4

N.B.–These figures are not included in the first of the tables above. Of the 130 positive reactors a number had had B.C.G. vaccination. Of the 277 negative reactors 162 were given B.C.G. vaccination; and 115 were given chest X-ray examinations.

Chest Radiology.–Appointments for chest X-ray are offered to all positive reactors and also to their home contacts. In addition, pupils who have had large Heaf reactions (Grade 3 or 4) have follow-up X-rays four months and sixteen months after their initial chest X-ray. (By the Wolverhampton Chest Radiology Service only, not by the Stoke-on-Trent Service).

During 1972 some 26 children had large positive reactions.

The table below summarises the results of all cases investigated by the Wolverhampton Chest Radiology Unit.

	Pupils	*Home Contacts*	*Staff*
Cases investigated	290	293	23
Recalled for large film examination	15	3	–
Cases of tuberculosis discovered	–	–	1

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officers opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parent consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents". Propaganda methods, including the display of posters, are also used from time to time to remind the public of the importance of immunisation.

During 1972, the total number of children *of school age* who were primarily immunised was 237; of this number 167 were treated by School Medical Officers and 70 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Booster immunisation against diphtheria, tetanus and poliomyelitis is offered to children at school entry (5 years) and excluding diphtheria again to children aged 15 to 19 years on leaving school. Parents have the choice of their children being given the necessary doses either at school or by their family doctors.

Of 5,577 school children given "booster" doses in 1972, some 3,141 were dealt with by the School Medical Officers and 2,436 by general medical practitioners.

The last notification of, and death from, diphtheria in the County were recorded in 1961 and 1954 respectively. The latter - a boy of 13 who had been immunised as a baby - recovered fully after treatment and the latter - a woman of 72 years - was certified as due to syncope, toxaemia and throat infection which was not supported by bacteriological evidence of diphtheria. In 1940 there were 236 notified cases and 11 deaths.

VACCINATION AGAINST SMALLPOX

During the year, 11 children between the ages of 5 and 15 years were vaccinated against Smallpox, all by general medical practitioners.

In addition, 231 children were re-vaccinated, all by general practitioners.

In July 1971, the Chief Medical Officer, Department of Health and Social Security, informed local health authorities that he had endorsed the recommendations of the Department's Joint Committee on vaccination and immunisation that:—

(1) Vaccination against Smallpox need not now be recommended as a routine measure in early childhood.

(2) All travellers to and from areas of the world where Smallpox is endemic, or countries where eradication programmes are in progress, should be protected by recent vaccination.

(3) Health service staff who come into contact with patients should be offered vaccination and regular re-vaccination.

The arguments in favour of discontinuing Smallpox vaccination in childhood were given as follows:—

(a) The chances of introduction of Smallpox into Britain have substantially diminished and are likely to decrease with the further progress of the eradication campaign in countries where the disease is endemic.

(b) The British public are less likely to be exposed to infection with Smallpox than at any previous time since the disease was first recorded in this country.

(c) Vaccination is a safe and reliable method of protection against Smallpox for most persons, but as a result of a recent review of the position by the Department of Health's Joint Committee on vaccination and immunisation, it had been decided that the risk of serious complications in childhood although slight is still greater than the risk of contracting Smallpox in Britain.

In view of this advice, primary and booster vaccinations against Smallpox for all children were discontinued at the end of July, 1971.

VACCINATION AGAINST MEASLES

Children can now be protected against measles by a single injection of a vaccine which may be offered to all children up to 15 years old who have not been protected either by previous immunisation or by an attack of the natural disease.

Vaccination was first offered at the end of May, 1968, to children in the 4 to 7 year age group who were considered to be more at risk. As supplies of the vaccine became more plentiful the scheme was extended to include children aged 1 to 15 years.

Of the 2,175 vaccinated in this latter age group, 1,672 were dealt with by County Council Medical Officers and 503 by General Practitioners.

VACCINATION AGAINST POLIOMYELITIS

Some 205 children between the ages of 5 and 15 years received primary vaccination with Sabin (Oral) vaccine during the year and, of these 163 were dealt with by County Council Medical Officers while the remaining 42 received their doses from General Practitioners.

In addition, a further 4,944 children in the same age group were given fourth (or booster) doses 2,958 by County Council Medical Officers and 1,986 by General Practitioners.

IMMUNISATION AGAINST TETANUS

Of the 626 children who received primary immunisation against tetanus, 408 were dealt with by School Medical Officers and the remaining 218 by general practitioners. Of a further 5,284 children who received booster doses of tetanus antigen some in conjunction with diphtheria boosters by means of combined vaccines, 2,979 were immunised by School Medical Officers and 2,305 by Practitioners.

VACCINATION AGAINST RUBELLA (GERMAN MEASLES)

In July, 1970, the Department of Health and Social Security recommended that vaccination against Rubella should be offered to all girls between their eleventh and fourteenth birthdays but that initially priority should be given to older girls, i.e. those aged thirteen years. The purpose is to protect these girls against rubella (universally recognised as a major threat to women of child-bearing potential because of its disastrous consequences in pregnancy) before they reach child-bearing age, without attempting to reduce the incidence of natural rubella infection in younger children.

Parents are given the choice of arranging for this vaccination to be given either by their own doctor or by one of the Council's medical officers. During 1972 the parents of 417 girls between their eleventh and fourteenth birthdays applied for the vaccination to be carried out. Of this total 364 were dealt with by County Council Medical Officers and 53 by General Practitioners.

HEALTH EDUCATION

Ideally health may be regarded as a state of complete well-being, mental, social, physical, and not merely consisting in the absence of disease. Health Education is concerned with the propagation of principles favourable to the achievement of a state of health in the individual and in society. It is our endeavour to present facts, palatable and otherwise, to the greatest possible audience, to stimulate that audience to consider these facts and arrive at a balanced awareness of the basis and essentials of healthy development and possible modification of attitudes and behaviour inimical to such development - from infancy and throughout adult life.

Health education is given in schools in a variety of ways. It is implicit in much of the standard curriculum although not generally recognised as a subject for formal examinations, and our specialist lecturers visit schools on request to advise upon health education programmes and deal with local problems or give specialist talks illustrated by films, slides, strips or tapes when Heads feel that instruction on various health matters is desirable or necessary in their schools. The special needs of older pupils, school leavers, more especially as regards personal relationships, sex, environmental and social adjustment, the biology of health (mental, physical and social), good and bad health practices, common dangers, evils attendant upon misuse of or addiction to drugs, tobacco, alcohol, are all topics upon which health education lecturers can offer professional expertise to reinforce the contribution of schools staffs.

First Aid and Home Nursing.—Courses were initiated in three secondary schools for a total of 71 pupils. Forty-seven boys took the First Aid course and 45 qualified for the Junior Red Cross certificate. Twenty-four girls took the Home Nursing course, all of them qualifying for the Junior Red Cross certificate.

Personal Relationships.—The 'Learning to Live' programme, conducted largely by Mrs. J.M. Owen, continues in great demand, as do her services in Borstal, Nursing School and Teacher Training Institutions Our facilities and speakers have also been requested and made available in schools conducting their individual personal relationships programmes.

Statistical Tables.—The tables indicate the scope and nature of the services requested and provided in 1972. They are necessarily supplementary to what is already undertaken by schools and to their own resources.

TALKS TO ADULT GROUPS AND TO SCHOOLS AND SCHOOL ALLIED GROUPS

Groups	Number	Audiences
Professional	27	225
Child Health Centres (Classes)	88	1,076
Women's Organisations	65	2,126
Young Farmers Club	10	252
Other Youth Groups	11	291
Schools and Allied Audiences		
(a) Primary	61	4,603
(b) Secondary	242	12,356
(c) Further	19	338
(d) Special	8	383
(e) P.T.A.	20	1,009
(f) Other of School Age	–	–
Play group Parents Meeting	5	170
Old People's Groups	7	260
Miscellaneous	47	1,757
Total	610	24,846

SUBJECTS OF TALKS TO ADULT, SCHOOL AND SCHOOL ALLIED GROUPS

Subject	Adult Groups		School and Allied Groups	
	Groups	Audiences	Schools & Groups.	Audiences
Addiction (smoking, drugs, alcohol)	25	972	36	1,187
Audiology	14	532	–	–
Cancer and Cervical Cytology	8	314	–	–
Dental Health	1	10	26	1,723
Food and Nutrition	10	487	10	347
Foot Health	7	233	8	759
General Health	2	78	41	2,520
Home and General Safety	24	593	7	353
Learning to Live)				
Venereal Diseases) -	94	2,804	130	7,700
Family Planning)				
Parentcraft	88	1,076	20	1,000
Environment and Pollution	3	36	9	365
Miscellaneous	23	369	24	1,388
Total	299	7,504	311	17,342

LEARNING TO LIVE (PERSONAL RELATIONSHIPS)

	1972	1971
Courses completed (3 meetings) in Schools	130	105
Parent-Teacher Meetings	8	4
Nursing Schools (3 meetings)	21	8
Teacher Training College Courses	8	2
Further Education Establishments	3	6
Borstal Staff	5	3
Borstal Detainees	45	27
Other Groups	8	16
Approximate numbers involved	228	171
	10,504	9,493

H. HARRIS
Health Education Officer

PHYSICAL EDUCATION

Shropshire Schools Field Study and Adventure Centre.—This Centre, now in its final stages of building, comprises purpose-built accommodation, a bungalow for the Warden and Deputy Warden and their families, bed-sitters for the other teaching and ancillary staff.

Double bunks and individual lockers are provided for the visiting students; a library and a laboratory, drying rooms, a lounge and ancillary offices are all now being provided. Plans have been made to increase the dormitory accommodation from 40 to 60. The Centre is now able to run for 52 weeks of the year, if necessary, but obviously for staff holidays, building maintenance, etc. there is bound to be a break at various times of the year to allow this to take place. Courses in field study, biology, archaeology, geology, ecology, environmental studies, courses in outdoor pursuits and mountaineering, light-weight camping, orienteering, rock-climbing, canoeing and expeditions are all taking place at the Centre. The services and courses offered as listed above can now lead to "O" level and "A" level examinations and C.S.E. examinations. The Centre is also a registered and recognised Mountain Rescue Centre and is recognised for running preliminary courses for the mountain leadership certificate which, of course, is of vital importance in this day and age. The Centre is a recognised Snowdonia National Park recreation centre.

Courses for our own pupils and their own teachers have taken place but the Centre has led to an exchange between Cambridgeshire and Shropshire and our teachers and schools visit them on a reciprocal basis. Many Colleges of Education send embryo teachers to do their teaching practice in a special subject at the Centre.

Shropshire Schools Sports and Athletics Association.—This association now sponsors well over 30 sports and games at local area and county level and many thousands of children take part in their various enterprises.

This very thriving body is able to attract both children and teachers to their various enterprises and many more children have been able to compete at a higher level throughout the country.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

At each annual routine medical inspection the premises are reinspected by the School Medical Officer and any matters requiring attention or investigation referred to the Chief Education Officer (the County Architect being kept informed) with a view to their being dealt with by the Education Works Committee.

GENERAL

Meals.—School canteen meals are available at 12p per head (free in necessitous cases) for 100 per cent. of the children attending school. Information from the Milk and Meals Return dated October 1972 revealed that 290 schools were served by canteens, which provided canteen facilities for 59,213 pupils. The number of pupils attending maintained schools served by canteens and actually taking meals at the school canteens on the day of this particular return amounted to 40,401.

Milk.—Under the provisions of the Milk and Meals (Amendment No. 2) Regulations, 1971, of the Education (Milk) Act, it became the duty of Local Education Authorities as from 1st September, 1971, to provide free school milk for only the following classes of pupils in maintained schools:-

(a) Pupils in special schools.
(b) Pupils in other maintained schools up to the end of the summer term next after they attain the age of seven years.
(c) Other pupils in primary schools and junior pupils in all-age and middle schools where the School Medical Officer certifies that a pupil's health requires that he should be provided with milk at school.

In Shropshire it was decided that in regard to pupils aged 7-11 years in (c), only those pupils in one or other of the following two categories would be eligible for free school milk on medical grounds:-

(i) Those suffering from chronic debilitating conditions, or
(ii) Those showing positive evidence of malnutrition.

These criteria for deciding whether a pupil is eligible for free milk are strictly adhered to.

During the year 1972, seventeen applications were received from parents, Heads of schools and Medical Officers for children to be examined with a view to an appropriate medical recommendation being provided for children to have free school milk. Some eleven applications were approved for the provision of free milk, but in the remaining six cases free milk was not recommended.

A census taken in October 1972 revealed that 12,781 children attending primary maintained schools were drinking milk in schools.

Quality of Milk Supplies.—As far as possible only Pasteurised Milks are supplied; of a total of 234 departments in Primary maintained schools, 232 had pasteurised supplies and 2 an untreated supply in 1972.

Investigation of Milk Supplies.—The County Public Health Inspectors are responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk Phosphatase tests to determine whether the milk has been properly processed, are carried out on milk from each supplier at regular intervals.

The table below gives the results of the examination of samples taken during 1972.

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory*	Void†	Satisfactory	Unsatisfactory
Pasteurised	112	105	4	3	112	—
Untreated	6	6	—	—	—	—
TOTAL ..	118	111	4	3	112	—

*In the cases of the samples failing the Methylene Blue Test, "on delivery" samples were obtained and warning letters were sent to the Dealers concerned.

†Methylene Blue Tests are declared void when the atmospheric shade temperature exceeds 70°F. during storage in the laboratory.

Medical Examination of Prospective Teachers.—During 1972 the medical staff of the School Health Service examined 480 candidates for entry to the teaching profession.

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, infectious diseases liable to be transmitted by contamination of the food served in the Canteens, the medical examination of canteen staff is carried out at least once a year and new entrants to the service are examined as soon as possible and also given chest X-ray examinations. Staff should be examined before commencing employment; often the worker's services are urgently required and prior examination is not considered possible, but this is potentially dangerous practice.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on initial examination an employee is found to have a history or shows symptoms of intestinal disorder, arrangements are made for specimens of faeces, and if necessary urine, to be submitted to the Public Health Laboratory, Shrewsbury, for investigation.

The following particulars give some indication of this work during the year:—

KITCHENS AND SCHOOL CANTEENS

Premises		Personnel Employed	
Central Kitchens ..	7	Supervisory Assistants ..	773
Self-contained Canteens	91	Cooks, Helpers ..	1,419
Canteens for dining only	92		
Totals	190		2,192

During 1972 a total of 1,491 examinations of canteen personnel (388 initial and 1,103 re-examinations) was carried out.

In 13 cases it was necessary to arrange for special chest X-ray examinations and the results in 12 cases were satisfactory. In the remaining case the result was unsatisfactory and the employee resigned. Chest X-ray examinations are made when the Chest Radiology Unit is in the area or can be arranged specially at the request of the Medical Officer.

This scheme includes personnel engaged in the preparation and handling of food stuff at the boarding schools and hostels in the County.

In addition, during 1972, Medical Officers carried out a total of 95 medical examinations of kitchen staff employed in Welfare Homes in the County.

STATISTICAL TABLES

(i.e. as submitted to the Department of Education and Science on Form 8.M).

TABLE I (A) PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of pupils inspected (nutrition)		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-Satisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1968 and later	64	64	–	1	1	1
1967 ..	1,198	1,198	–	22	61	75
1966	3,192	3,192	–	72	153	215
1965	1,928	1,928	–	37	77	111
1964	635	635	–	10	26	32
1963	254	254	–	2	20	22
1962	179	179	–	2	9	9
1961	139	139	–	2	9	11
1960	414	414	–	13	30	39
1959	505	505	–	17	28	43
1958	421	421	–	12	26	35
1957 and earlier ..	583	583	–	39	35	69
TOTAL ..	9,512*	9,512	–	229	475	662

*In addition 3,671 pupils were discussed and found not to warrant routine medical examination, 1,914 in 11 year age group and 1,757 in 14 year age group.

NOTE: (i) Routine medical examinations are normally carried out on entry to school only.
(ii)Columns 5, 6 and 7 relate to individual pupils and not to defects. Consequently the total in column (7) is not necessarily the sum of columns (5) and (6).

(B) OTHER INSPECTIONS

Special Inspections	1,782
Re-inspections	9,039
	10,821

(C) INFESTATION WITH VERMIN

(1)	Total number of examinations in the schools by the School Nurses or other authorised persons ..	101,443
(2)	Total number of individual pupils found to be infested	925
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	13
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1972

TABLE II — PERIODIC AND SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total		Special inspecti	
		Requiring:		Requiring:		Requiring:		Requiring:		Requiring:	
(1)	(2)	Treatment (3)	Observation (4)	Treatment (5)	Observation (6)	Treatment (7)	Observation (8)	Treatment (9)	Observation (10)	Treatment (11)	Obse vatio (12
4	Skin	34	209	14	36	22	71	70	316	8	1
5	Eyes (*a*) Vision	132	776	51	164	46	306	229	1,246	27	17
	(*b*) Squint	57	163	1	8	13	49	71	220	14	2
	(*c*) Other	7	41	3	4	4	12	14	57	2	
6	Ears (*a*) Hearing	33	496	1	47	10	134	44	677	9	11
	(*b*) Otitis Media ..	7	95	4	23	6	40	17	158	1	1
	(*c*) Other	7	63	1	5	1	24	9	92	2	1
7	Nose or Throat	19	471	2	43	4	108	25	622	2	5
8	Speech	29	170	2	9	5	27	36	206	23	7
9	Lymphatic Glands.. ..	6	263	—	9	1	44	7	316	2	2
10	Heart	7	78	2	16	2	26	11	120	—	1
11	Lungs	11	188	—	26	6	89	17	303	1	1
12	Development :										
	(*a*) Hernia	12	31	1	3	1	8	14	42	1	
	(*b*) Other	20	212	2	12	12	62	34	286	4	3
13	Orthopaedic :										
	(*a*) Posture	3	61	1	17	2	13	6	91	2	1
	(*b*) Feet	18	161	4	19	4	55	26	235	5	2
	(*c*) Other	24	298	12	25	8	77	44	400	8	3
14	Nervous System :										
	(*a*) Epilepsy	3	16	—	10	2	15	5	41	2	1
	(*b*) Other	1	72	—	—	4	20	5	92	1	1
15	Psychological :										
	(*a*) Development ..	2	71	—	17	3	59	5	147	5	14
	(*b*) Stability ..	2	127	—	17	4	90	6	234	5	6
16	Abdomen	7	52	3	17	4	39	14	108	1	
17	Other	10	128	7	26	19	58	36	212	7	2

TABLE III — (A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	3
Errors of refraction (including squint)	3,718
TOTAL ..	3;721
Number of pupils for whom spectacles were prescribed	3,569

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment :	
(*a*) for diseases of the ear..	44
(*b*) for adenoids and chronic tonsillitis	424
(*c*) for other nose and throat conditions ..	53
Received other forms of treatment	99
TOTAL ..	620
Total number of pupils in schools who are known to have been provided with hearing aids : (*a*) in 1972	38
(*b*) in previous years	129

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	184

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part C of Table I)

	Number of defects treated or under treatment during year
Ringworm : (i) Scalp	7
(ii) Body	9
Scabies	99
Impetigo	41
Other skin diseases	25
TOTAL ..	181

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	694

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	1,216

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(a) Miscellaneous Minor Ailments	27
(b) Pupils who received convalescent treatment under School Health Service arrangements	14
(c) Pupils who received B.C.G. Vaccination	4,113
(d) Other treatment given :	
Appendicitis	3
Asthma	32
Bronchitis	11
Cardiac Conditions	22
Diabetes	13
Epilepsy	11
Hernia	18
Meningitis	1
Nephritis	3
Osteomyelitis	2
Tubercular Conditions	6
Miscellaneous	131
TOTAL *(a)*—*(d)* ..	4.407


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